No. 300
10.48

FILED DEC 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37298

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY: Carrol
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carrolton
c. LENGTH OF STAY (In this place): 3 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wetzel Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Layfayette
c. CITY OR TOWN: Lexington d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 2213 Madison 0547

3. NAME OF DECEASED (Type or Print)
a. (First): KATHLEEN b. (Middle): c. (Last): POYNTER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 30 1956

5. SEX: Fomale
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 30, 1899
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months: 4 Days: — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): England
12. CITIZEN OF WHAT COUNTRY?: —

13a. FATHER'S NAME: J.W. Wilson
13b. MOTHER'S MAIDEN NAME: Kathleen Burke
14. NAME OF HUSBAND OR WIFE: James F. Poynter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: James F. Poynter, Lexington, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Delatation with acute pulmonary Edema. — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocardial Degenerate due to Hypertension and arteriosclerosis — 5 yrs.

DUE TO (c) Latent Syphilis — indefinite.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None 443.XB
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* August, 1942, *to* Nov. 30, 1956, *that I last saw the deceased alive on* November 30 1956, *and that death occurred at* 4:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John C. Bathom D.O.
23b. ADDRESS: 1 Jackson Place Lexington Mo.
23c. DATE SIGNED: 11/30/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 2, 1956
24c. NAME OF CEMETERY OR CREMATORY: Machpelah Cemetery
24d. LOCATION (City, town, or county) (State): Lexington Mo.

DATE REC'D BY LOCAL REG.: 12/4/56
REGISTRAR'S SIGNATURE: Mrs Herbert Calvert
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Harold L. Walker Lexington, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

+5-0

DEC 11 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold L. Walker

Licensed Embalmer No. 45 8

P. O. Address Lexington,)

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.