

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019057
State File No. 4327
3045 Registrar's No. 36

FILED MAY 20 1958

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt	
d. FULL NAME OF HOSPITAL OR INSTITUTION Foster Rest Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Arthur c. (Last) Ponder			4. DATE OF DEATH (Month) (Day) (Year) May 12, 1958		
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH March 27, 1881		9. AGE (In years last birthday) 77		10. UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY laborer		11. BIRTHPLACE (City and State or Foreign Country) Poplar Bluff, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME unknown	

14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. X X X X X X	
17. INFORMANT'S SIGNATURE OR NAME Theodore Clark Parma, Mo.		17. ADDRESS		18. NO. 7953	

18. NO. OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death was apparently		DUE TO (b) due to natural causes.					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Found dead in bed.					
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Dorothy B. Hathorn (Degree or title) Local Registrar		23b. ADDRESS Charleston Mo		23c. DATE SIGNED 5-15-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-14-58		24c. NAME OF CEMETERY OR CREMATORY Dexter cemetery	
24d. LOCATION (City, town, or county) (State) Dexter, Mo		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REGISTRAR 5-15-58		REGISTRAR'S SIGNATURE Dorothy B. Hathorn		25. FUNERAL DIRECTOR'S SIGNATURE Watkins & Sons	
				ADDRESS Dexter, Mo.	

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

0670

0670

578

JUN 5 1958

RÉCEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed 5-19-58

MAY 22 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Mark Withers

Licensed Embalmer No. 477

P. O. Address Pepton, Mo

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

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