

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040405

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 566

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Joplin</u> (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Joplin</u> <u>0495</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>802 N. Jackson</u>		d. STREET ADDRESS (If outside, give location) <u>802 No. Jackson</u>	
Length of stay in 1b <u>43 yrs.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Gray</u> Middle _____ Last <u>Poyner</u>			4. DATE OF DEATH Month <u>11</u> Day <u>22</u> Year <u>1958</u>			
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-29-1894</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	11. BIRTHPLACE (City and state or country) <u>Cape Fair, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Rockwell</u>	13b. MOTHER'S MAIDEN NAME <u>none</u>	14. NAME OF HUSBAND OR WIFE <u>Edward J. Poyner</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>D. J. Poyner 802 N. Jackson Joplin Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u>
DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____, Month _____, Day _____, Year _____ a.m. _____ p.m. _____
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Joplin</u>	COUNTY <u>Jasper</u>	STATE <u>Mo</u>
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21. I attended the deceased from <u>August 30, 1958</u> to <u>November 22, 1958</u> last seen <u>her</u> <input checked="" type="checkbox"/> <u>alive</u> on <u>November 22, 1958</u> Death occurred at <u>10415</u> <u>R</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Blondine M. Phe</u> (Degree or title) M.D. <u>0</u>	22b. ADDRESS <u>607 F.R.L. Bldg, Joplin, Missouri</u>	22c. DATE SIGNED <u>11-25-1958</u>
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23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>buried</u>	23b. DATE <u>11-25-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>West City Mo.</u>
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24. FUNERAL DIRECTOR <u>Thomas Dillon</u>	ADDRESS <u>Joplin Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-3-1958</u>	26. REGISTRAR'S SIGNATURE <u>Noce Merriam</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Autopsy in item 19. No symptoms with 08 listed.

REC 18 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
Signature of Student Embalmer

Signed *William E. Huddleston*

Licensed Embalmer No. *4770-*

P. O. Address *Joplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.