

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043692
STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 107 Primary Registration District No. 2019 Registrar's No. 199

300
-57

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		'Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kennett
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 804 Henderson St. 15-4^{1/2}s,		Length of stay in lb 15-4^{1/2}s,	d. STREET ADDRESS (If outside, give location) 804 Henderson
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) JOHN THOMAS PONDER			4. DATE OF DEATH Month December Day 25 Year 1958		
First	Middle		Last	Month	Day

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 24 1880	9. AGE (In years birth day) 78	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant	10b. KIND OF BUSINESS OR INDUSTRY Banking-Business	11. BIRTHPLACE (City and state or country) Campbell, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Thomas G. Ponder	13b. MOTHER'S MAIDEN NAME Mary Ellen Snider	14. NAME OF HUSBAND OR WIFE Agnes Gehrig Ponder
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, and date) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. 494-03-7772	17. INFORMANT Mrs. Agnes Ponder	Address Kennett, Mo.
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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) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arteriosclerosis	DUE TO (c)	5 years.
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.) 332x		
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20c. TIME OF INJURY Hour 7:30 A.M. Month, Day, Year a.m. p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION Kennett, MO.	COUNTY	STATE
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20d. INJURY OCCURRED WHILE AT WORK <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 Kennett, MO.	COUNTY	STATE
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21. I attended the deceased from 1954 , to Dec 1958 and last saw him alive on Dec 24, 1958 Death occurred at 7:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Chester R. Peck M.D.	22b. ADDRESS Kennett, MO.	22c. DATE SIGNED 12/28/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 27 1958	23c. NAME OF CEMETERY OR CREMATORY Woodlawn	23d. LOCATION (City, town, or county) Campbell, MO	(State)
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24. FUNERAL DIRECTOR Paul Salmon	ADDRESS Kennett, Mo.	25. DATE RECD. BY LOCAL REG. 12-30-1958	26. REGISTRAR'S SIGNATURE Carl Husband
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(Licensed Embalmer's Statement on Reverse Side)

DEF
Funeral Director
2-9-59
MEDICAL CERTIFICATION
Item 7 added by query of every H. TYPEWRITE IF POSSIBLE
USE ONLY BLACK INK OR RIBBON
All diseases in Part I must be causally related.

COUNTY FILE NUMBER 39 - 339

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 *[Handwritten Signature]*

Licensed Embalmer No. 2556
P. O. Address Kennett, 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.