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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000541
STATE FILE NUMBER

FILED JAN 29 1959

Registration District No. 56 Primary Registration District No. 4080 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Norborne — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) No. — Length of stay in 1b 1 hr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Carroll
c. CITY OR TOWN Prairie Twp. 0170 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Norborne R.F.D.#1. — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First: Charles Middle: Freeman Last: Ponder

4. DATE OF DEATH Month Day Year: Jan. 20,1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: March 13,1875

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR Months: 10 Days: 7 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Miller Co.,Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Philip R.Ponder

13b. MOTHER'S MAIDEN NAME: Sarah Skaggs

14. NAME OF HUSBAND OR WIFE: Florence Ponder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) No — (If yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: none

17. INFORMANT: R.S.Dover, Address: Norborne, R.#1 ,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Chronic Myocardial Degeneration	not known
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis, Diffuse	not known
DUE TO (c)	Essential Hypertension	not known

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 443X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-19-59, to 1-20-59 and last saw ~~him~~ him alive on 1.20.59
Death occurred at 10:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wayne S Russell M.D.

22b. ADDRESS: 212 South Pine Street Norborne, Mo.

22c. DATE SIGNED: 1-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan.24,59

23c. NAME OF CEMETERY OR CREMATORY: Union Cemetery

23d. LOCATION (City, town, or county) (State): Iberia, Missouri.

24. FUNERAL DIRECTOR: Dickerson Funeral Home, ADDRESS: Bogard, Mo.

25. DATE RECD. BY LOCAL REG.: Jan.23,1959

26. REGISTRAR'S SIGNATURE: Eileen Pennington

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton

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.