Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003818
STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 104

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Osage ST LOUIS
c. CITY OR TOWN Sunset Hills 4000 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 8815 LYNN LANE — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Jule Middle C. Last PONCOT

4. DATE OF DEATH Month JAN Day 10 Year 1959

5. SEX Male

6. COLOR OR RACE White

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

8. DATE OF BIRTH 1-22-1869

9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farming Retired

10b. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (City and state or country) Osage Co. Missouri

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Joseph Poncot

13b. MOTHER'S MAIDEN NAME Josephine Verdot

14. NAME OF HUSBAND OR WIFE Mary Boillot

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 Fred A. Smith — Address 8815 LYNN LANE Sunset Hills Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease c decompensation grade 10 — INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) 4200

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 4-19-58 to 1-10-59 and last saw him alive on 1-9-59
Death occurred at 10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert W. Tichenor MD

22b. ADDRESS P.O. Box 6 Springfield 23 Mo

22c. DATE SIGNED 1-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 1/10/1959

23c. NAME OF CEMETERY OR CREMATORY Bonnots Mill Cemetery

23d. LOCATION (City, town, or county) (State) Bonnots Mill, Mo

24. FUNERAL DIRECTOR Clydge Morton

ADDRESS Linn Mo

25. DATE RECD. BY LOCAL REG. 1-10-59

26. REGISTRAR'S SIGNATURE John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Lynn, Mass.

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.