

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012098

STATE FILE NUMBER

FILED APR 15 1959

360

6225

Registrar's No. 52

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Eldorado Springs Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada State Hospital #3		Length of stay in lb 21-1-25	d. STREET ADDRESS Unknown (If outside, give location) Reside on Farm <input checked="" type="checkbox"/> Unknown
3. NAME OF DECEASED (Type or print) First Lola Middle Last Poundstone		4. DATE OF DEATH Month 4- Day 5- Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-19-1888
9a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) None		9b. KIND OF BUSINESS OR INDUSTRY None	9c. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Eldorado springs Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Charles Poundstone	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Lola Thomas	
14. NAME OF HUSBAND OR WIFE X		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown give war or dates of service) Unknown	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Adm. Papers Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Vessel Disease DUE TO (b) Atheromatous Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mental defective Moderate			INTERVAL BETWEEN ONSET AND DEATH Yrs. Yrs.
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: 4881		20c. TIME OF INJURY Hour Month, Day, Year p.m.	
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		COUNTY STATE	
21. I attended the deceased from 2-16-38 to 4-5-1959 and last saw her alive on 4-5-1959 Death occurred at 5:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Georg. Esker Sr. D.		22b. ADDRESS Nevada, M, o	
22c. DATE SIGNED 4-5-1959		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 4/6/59		23c. NAME OF CEMETERY OR CREMATORY New Bethel Cemetery	
23d. LOCATION (City, town, or county) Sedalia, Missouri		(State)	
24. FUNERAL DIRECTOR McLaughlin Bros. Sedalia, Mo		25. DATE RECD. BY LOCAL REG. 4-6-1959	
26. REGISTRAR'S SIGNATURE Anna E. Jurey			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. 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 *Percy F. Mulster*

Licensed Embalmer No. *4805*

P. O. Address *Nevada, Nev.*

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.