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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021641

STATE FILE NUMBER

FILED JUN 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2673

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1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Raytown Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Length of stay in lb D.O.A.	d. STREET ADDRESS (If outside, give location) 8524 Grant Dr. Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Merle Middle Edward Last Poindexter			4. DATE OF DEATH Month 5 - Day 30 - Year 1959		
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5. SEX Male	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 Oct 30, 1939	9. AGE (In years last birthday) 19	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) Assemblyman	10b. KIND OF BUSINESS OR INDUSTRY Siemon Mfg. Co.	11. BIRTHPLACE (City and state or country) Little Blue, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.,
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13a. FATHER'S NAME Byron T. Poindexter	13b. MOTHER'S MAIDEN NAME Virginia Nevitt Poindexter	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. 500 40 0670B	17. INFORMANT Address B.T. Poindexter, 8524 Grant Dr. Raytown
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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) fractured sternum ruptured liver hemorrhage medication		INTERNAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) fractured sternum DUE TO (c) fractured sternum		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) motorcycle struck a car
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20c. TIME OF INJURY Hour 5 - Month 5 - Day 30 - Year 59	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson	STATE Mo
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21. I attended the deceased from _____, to _____ and last saw him/her alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens	(Degree or title) Cornet	22b. ADDRESS 1034 Prairie Bldg	22c. DATE SIGNED 5-30-59
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23a. BURIAL, CREMATION, REMOVAL (specify) Burial	23b. DATE June 1, 1959	23c. NAME OF CEMETERY OR CREMATORY Palestine Cemetery	23d. LOCATION (City, town, or county) (State) Hickman Mills, Missouri
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24. FUNERAL DIRECTOR E. K. George & Sons Inc, Grandview Mo.	25. DATE RECD. BY LOCAL REG. 5-30-59	26. REGISTRAR'S SIGNATURE Neola Minshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
High H. Owens

All diseases in Part I must be causally related.

JUN 22 1959

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 *Stephen E. Edwards*

Licensed Embalmer No. *4911*

P. O. Address *Grandview*

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.