MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021855

STATE FILE NUMBER

AMENDED

FILED JUN 26 1961

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 114

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe
Length of stay in 1b 60 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Livingston
c. CITY OR TOWN Chillicothe
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 902 Curtis
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Francis Middle: Henry Last: Ponclet
4. DATE OF DEATH Month: June Day: 20 Year: 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH July 28, 86
9. AGE (last birthday) 74yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Gen. construction
11. BIRTHPLACE (City and state or country) Bearing, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Joseph F. Ponclet
13b. MOTHER'S MAIDEN NAME Julia Dailey
14. NAME OF HUSBAND OR WIFE Gertrude (dec)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) xx
16. SOCIAL SECURITY NO.
17. INFORMANT Harold Ponclet, Address Kansas City, Kans.

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) Carcinoma of Chest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) C Melanoma
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 4 Mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 1958 to 20 June 61 and last saw him alive on 23 June 61
Death occurred at 9:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Von D. Vandiver (Degree or title) M.D.
22b. ADDRESS Chillicothe Mo
22c. DATE SIGNED 6-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 23, 1961
23c. NAME OF CEMETERY OR CREMATORY Resthaven Cem.
23d. LOCATION (City, town, or county) (State) Chillicothe, Mo.

24. FUNERAL DIRECTOR Donald Gordon, ADDRESS Chillicothe, Mo.
25. DATE RECD. BY LOCAL REG. June 21, 1961
26. REGISTRAR'S SIGNATURE Amalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

JUN 27 1961

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 [illegible]

Licensed Embalmer No. 4191

P. O. Address [illegible]

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.