

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-012174

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 113

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 26 1962

VS 300
Rev. 4/59

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20808

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in lb
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Pettis
c. CITY OR TOWN Sedalia Mo. Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Sedalia Mo. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Helen Pauline Poindexter 3 15 62

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4/1/1904 9. AGE (last birthday) 57

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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Calhoun Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Charles Mullins 13b. MOTHER'S MAIDEN NAME Sara Mullins 14. NAME OF HUSBAND OR WIFE Louis Poindexter

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. None 17. INFORMANT Address Dea Moines Iowa
Anna Mae Carter, 1180 14th St.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Vascular accident 44 days
DUE TO (c) Arterio Sclerotic heart disease unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Lupus Erythematosus Neurosarcoma disseminatus 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 Jan 31-62 to 3-15-62 and last saw her alive on 3-15-62
Death occurred at Sedalia Mo 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. R. Maddox M.D. 22b. ADDRESS Sedalia Mo 22c. DATE SIGNED 3-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 3/19/62 23c. NAME OF CEMETERY OR CREMATORY CROWN HILL Cemetery 23d. LOCATION (City, town, or county) (State) Sedalia MO

24. FUNERAL DIRECTOR ADDRESS Allen & Sons Funeral Home 25. DATE RECD. BY LOCAL REG. 3-19-1962 26. REGISTRAR'S SIGNATURE Frances Shelby

117 E. JEFFERSON ST

(Licensed Embalmer's Name, in Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAR 29 1962

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 L. D. Hardiman

Licensed Embalmer No. 4378

P. O. Address Sedalia mo

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.