

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-027247

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 333

STATE FILE NUMBER

FILED AUG - 6 1965

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Jefferson City

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Charles E. Still hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cole

c. CITY
OR TOWN

Jefferson City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1011 Madison

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
ClayMiddle
PhillipLast
Ponder4. DATE
OF DEATHMonth
JulyDay
30Year
19655. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
8-27-19099. AGE (last birthday)
55IF UNDER 1 YEAR
Months Days Hours Min.

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

Groundsman

10b. KIND OF BUSINESS OR INDUSTRY

Power & Light Co.

11. BIRTHPLACE (City and state or country)

Iberia, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Rafe Ponder

13b. MOTHER'S MAIDEN NAME

Minnie Wilson

14. NAME OF HUSBAND OR WIFE

Sylvia Lee McKee

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.

unknown

17. INFORMANT

Roger Ponder, Jefferson City, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac arrest

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Ventricular techycardic

DUE TO (c)

Paraoyamal atrial tachycardia

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Mitral stenosis with ventricular hypertrophy

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. 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
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (a.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 64 to July 30-65 and last saw him alive on July 30-1965
Death occurred at 4:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8-1-1965

23c. NAME OF CEMETERY OR CREMATORY

New Hope Cemetery

23d. LOCATION (City, town, or county)

Centertown

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Tanner Funeral Home, Jefferson City, Mo.

25. DATE RECD. BY LOCAL REG.

2 August 1965

25a. REGISTRAR'S SIGNATURE

Theresa E. Richter

AUG 1965

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

Licensed Embalmer No. 4411

P. O. Address Belle Me

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.