

FILED APR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14649

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Joplin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Washington Twp</u>		c. LENGTH OF STAY (in this place) (month) <u>34.7M.25D.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>			d. STREET ADDRESS (If rural, give location) <u>2930 Joplin St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>William</u> c. (Last) <u>Pond</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-9-1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-3-1871</u>	9. AGE (In years last birthday) <u>77.</u>	10. UNDER 18 HRS. Hours Min. <u>8. 6.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Chillicothe Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Chas Ross Pond</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Savage</u>		14. NAME OF HUSBAND OR WIFE <u>D.K.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>D.K.</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W R Pond, (son) 2930 Joplin St Joplin, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs +</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis.</u> DUE TO (c) <input checked="" type="checkbox"/> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4 yrs</u>		
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>6-1-</u> , 19 <u>46</u> , to <u>4-9-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-9-</u> , 19 <u>49</u> , and that death occurred at <u>4:57 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J.R. Bunch, M.D., D.V.</u>			23b. ADDRESS <u>State Hospital # 3</u>		23c. DATE SIGNED <u>4-9-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-11-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>
DATE REC'D BY LOCAL REG. <u>April 12-49</u>		REGISTRAR'S SIGNATURE <u>Walter H. Yancey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>331 Churchill Nelson 305 W. 4th St. Joplin Mo</u>	

(If used Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 3-49-394

Date Filed 4-18-49

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 _____

William E. Huddleston

Student Embalmer No. 324

working under my personal supervision.

Signed

William E. Huddleston

Student Embalmer

Signed

Cecil A. Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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 this body is not embalmed, fact should be so stated above.