

FILED FEB 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 5834

BIRTH NO. 22996-50 REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 6038

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Doniphan</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Doniphan</u>	
c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Williams Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Eddie</u>		a. (First) <u>Eddie</u>		b. (Middle) <u>OVAL</u>		c. (Last) <u>Poynor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-20-50</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>1-26-50</u>		9. AGE (In years last birthday) <u>7</u> if UNDER 1 YEAR Months <u>0</u> if UNDER 12 hrs. Day <u>4</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (State or foreign country) <u>Doniphan Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Orval Hatley Poynor</u>		13b. MOTHER'S MAIDEN NAME <u>Paralee Katana Arnold</u>		14. NAME OF HUSBAND OR WIFE <u>Not known</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paralee Poynor</u>	
				ADDRESS <u>Success</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Patent Ductus Arteriosus</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital Anomaly</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH          <u>7541</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan. 26, 1950, to Jan. 30, 1950, that I last saw the deceased alive on Jan. 30, 1950, and that death occurred at 1:00 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. A. Williams M.D.</u>		(Degree or title)		23b. ADDRESS <u>Doniphan, Missouri</u>		23c. DATE SIGNED <u>30 Jan. 1950</u>	
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24a. BURIAL OR CREMATION (Specify)		24b. DATE <u>1-30-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hitt Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Success Ark</u>	
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DATE REC'D BY LOCAL REG. <u>1-30-50</u>		REGISTRAR'S SIGNATURE <u>E. B. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leslie N. Russell</u>		ADDRESS <u>Corning Ark</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2/13/50  
District Health Officer No. 5,  
District File Number 25099  
Date Filed 2/17/50

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, ~~only~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 767 (ARK)

P. O. Address Corning, Ark.

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.