

FILED MAY 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13476

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5920 Registrar's No. 28

5796  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union Township</u> <u>0790</u>	
c. LENGTH OF STAY (In this place) <u>86</u> Years		d. STREET ADDRESS (If rural, give location) <u>Biehle, Mo. R.l.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Biehle, Mo. R.l.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> b. (Middle) <u>Augusta</u> c. (Last) <u>Ponder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 5, 1865</u>	9. AGE (In years last birthday) <u>86</u>	# UNDER 1 YEAR Months	# UNDER 1 WK. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Perry County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Schneider</u>	13b. MOTHER'S MAIDEN NAME <u>Theresa Lauck</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph H. Ponder</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anton Ponder, Biehle, Mo. R.l.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis, Renalobges</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from March 28, 1951, to April 12, 1951, that I last saw the deceased alive on April 7, 1951, and that death occurred at 1:40A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Theodore Fischer M.A.</u> (Degree or title)	23b. ADDRESS <u>Altenberg, Mo.</u>	23c. DATE SIGNED <u>4-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 14, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Schnurbusch, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 13-1951</u>	REGISTRAR'S SIGNATURE <u>Joseph J. Zoller</u> <u>250</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Sey</u> ADDRESS <u>Perryville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

MAY 9 1951

DISTRICT HEALTH OFFICE No. 6

No. ....

**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 .....

working under my personal supervision.

Student Embalmer No. ....

Signed..... *Albert Bey*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3866*

P. O. Address. *Ferryville, 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.