

3. No. 300
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38186**

FILED DEC 8- 1951

BIRTH NO. _____ REG. DIST. NO. **233** PRIMARY REG. DIST. NO. **5813** Registrar's No. **17**

0705
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Upper Loutre		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Upper Loutre	
c. LENGTH OF STAY (In this place) 6 years		d. STREET ADDRESS (If rural, give location) 4 miles S. of Wellsville	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4 miles S. Wellsville			

3. NAME OF DECEASED (Type or Print)	a. (First) BETTY	b. (Middle) JANE	c. (Last) POINDEXTER	4. DATE OF DEATH (Month) (Day) (Year) Nov. 26 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct. 3, 1945	9. AGE (In years last birthday) 6	# UNDER 1 YEAR Months 1	# UNDER 1 YEAR Days 23	# UNDER 1 YEAR Hours 	# UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Montgomery County, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Karl Poindexter	13b. MOTHER'S MAIDEN NAME Neva Poindexter	14. NAME OF HUSBAND OR WIFE none
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Karl Poindexter Wellsville Mo	ADDRESS Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Leukemia		INTERVAL BETWEEN ONSET AND DEATH 4 mo's 4 mo's 3 mo's
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Secondary Anemia		
	DUE TO (c) Multifocal Hemorrhage		
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 Leukemia - Children's Hospital	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? no 2043
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22. I hereby certify that I attended the deceased from **6-29**, 19**57**, to **11-26**, 19**57**, that I last saw the deceased alive on **11-18**, 19**57**, and that death occurred at **12:00** from the causes and on the date stated above.

23a. SIGNATURE E. F. Andersen, M.D. (Degree or title)	23b. ADDRESS Montgomery City Mo	23c. DATE SIGNED 11/27/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/28/51	24c. NAME OF CEMETERY OR CREMATORY Wellsville City Cem.	24d. LOCATION (City, town, or county) (State) Wellsville, Montg. Mo
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DATE REC'D BY LOCAL REG. 11-31-51	REGISTRAR'S SIGNATURE W. S. Romars Jr	25. FUNERAL DIRECTOR'S SIGNATURE H. B. Wells Wellsville Mo	ADDRESS
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File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 4 1951

RECEIVED

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
Student Embalmer

Signed *S. B. Kells*

Licensed Embalmer No. 4584

P. O. Address Kellerville 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.