

5. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9292

State File No. _____

FILED APR 1 1952

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5880 Registrar's No. 10

0760
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn, Mo. R D</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN <u>Linn</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>R D, Crawford Township</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>Xavior</u> c. (Last) <u>Poncott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 25, 1952</u>
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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>May 26th, 1874</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>77 9 29</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming-Clay Mining</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Clay</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Osage County Missouri</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Amie Poncott</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Pinet</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Johns</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>491-24-0278</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L.X. Poncott, Linn, Mo. R D</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>Immediate</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Atherosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u>		<u>4 years</u> <u>15 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Bronchitis</u>		<u>25 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</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)	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 11-14-, 1951, to 3-19-, 1952, that I last saw the deceased alive on 3-19-, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Norman W. Baldwin D.O.</u>	(Degree or title)	23b. ADDRESS <u>Linn</u>	23c. DATE SIGNED <u>3/28/52</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-27-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shirley</u>	24d. LOCATION (City, town, or county) (State) <u>Mint Hill, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 28-1952</u>	REGISTRAR'S SIGNATURE <u>Ed. Drummond</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles S. ...</u>	ADDRESS <u>Linn, Mo.</u>
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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 Vernon M. Maston

Licensed Embalmer No. 4125

P. O. Address Linn, 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.