

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20873

State File No. _____ Registrar's No. 246

JUN 26 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 0001

495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Kansas</u> COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Galena</u>	
c. LENGTH OF STAY (in this place) <u>30 days</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>12 & Dewey Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dave</u> b. (Middle) <u>P</u> c. (Last) <u>Ponder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 1952</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 14 1835</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work excepting most of working life, even if retired) <u>Retired Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lead & Zinc</u>	11. BIRTHPLACE (State or foreign country) <u>No Record</u>	12. CITIZEN OF WHAT COUNTRY? <u>9</u>
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13a. FATHER'S NAME <u>No Record</u>	13b. MOTHER'S MAIDEN NAME <u>No Record</u>	14. NAME OF HUSBAND OR WIFE <u>Fannie Ponder</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>513-10-7768</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Helen Ponder</u> ADDRESS <u>Joplin Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, Pulmonary</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u> <u>10 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Malnutrition</u>		
	DUE TO (b) _____ 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	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) (m.)	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 July, 1951, to June 14, 1952, that I last saw the deceased alive on June 13, 1952, and that death occurred at 7:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Powell</u> (Degree or title)	23b. ADDRESS <u>Galena, Kansas</u>	23c. DATE SIGNED <u>16 June 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 14 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Galena Kans</u>
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DATE REC'D BY LOCAL REG. <u>6-17-52</u>	REGISTRAR'S SIGNATURE <u>Ed O. James</u> 138	25. FUNERAL DIRECTOR'S SIGNATURE <u>Helen Ponder</u> ADDRESS _____
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RECEIVED 6-24-52
Jasper County Health Office

County File Number 52/6/475

Date Filed 6-24-52

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.

Signed Harvey Lerman

Signed _____
Student Embalmer

Licensed Embalmer No. 2067 Ks

P. O. Address Salinas, Ca

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.