

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42670

FILED JAN 3 1953
 BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. A249 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro		c. LENGTH OF STAY (In this place) 3 wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Debto 0502		d. STREET ADDRESS (If rural, give location) 206 W Pratt	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home				3. NAME OF DECEASED a. (First) NASHVILLE b. (Middle) POUNDS c. (Last) POUNDS			
4. DATE OF DEATH DEC 16 1952		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH Feb 21 1869		9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (State or foreign country) Ware Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ISSAC POUNDS		13b. MOTHER'S MAIDEN NAME JANE McRobbick	
14. NAME OF HUSBAND OR WIFE none		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.		17. INFORMANT'S SIGNATURE OR NAME MRS J. W. HOYT RD 3 Debto, Mo	
17. ADDRESS Debto, Mo		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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, massive, from gastrointestinal tract ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Bleeding peptic ulcer DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis.	
18. INTERVAL BETWEEN ONSET AND DEATH 3 weeks		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5400		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) (Minute)	
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 Nov. 23, 1952 to Dec 16, 1952 , that I last saw the deceased alive on Dec 10, 1952 and that death occurred at 9:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.				23b. ADDRESS Debto, Mo.		23c. DATE SIGNED 12-17-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec 18 1952		24c. NAME OF CEMETERY OR CREMATORY City Center		24d. LOCATION (City, town, or county) (State) Debto Mo	
DATE REC'D BY LOCAL REG. 12-18-52		REGISTRAR'S SIGNATURE Katherine Marden		25. FUNERAL DIRECTOR'S SIGNATURE Samuel J. Mahan		ADDRESS Debto, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

500
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JEFFERSON COUNTY HEALTH DEPT.
WILLSBORO, MISSOURI
DATE RECEIVED DEC 31 1952

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 Daniel J. Mohr

Licensed Embalmer No. 4326

P. O. Address W. S. O., 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.