

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

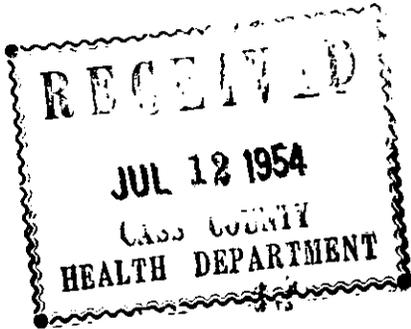
5-22-8
18265
State File No.

No. 300
10.48
FILED JUL 13 1954

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| BIRTH NO. _____ | | REG. DIST. NO. <u>59</u> | | PRIMARY REG. DIST. NO. <u>4099</u> | | Registrar's No. <u>112</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Cass</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>State Mo</u> b. COUNTY <u>Cass</u> | | | |
| b. CITY (If outside corporate limits, give R.U.P.L. and give town or township) <u>Pleasant Hill Mo R# 4</u> | | c. LENGTH OF STAY (In this place) <u>34 yrs</u> | | c. CITY OR TOWN | | d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | e. STREET ADDRESS (If rural, give location) <u>R 4 Pleasant Hill Mo 0190</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Hiram</u> c. (Last) <u>Poindexter</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1954</u> | | | | |
| 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>6-29-1888</u> | |
| 9. AGE (In years last birthday) <u>66</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Oak Grove Mo</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Oak Grove Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>William Poindexter</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary E. Lightner</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Mary E. Lightner</u> | | 14. NAME OF HUSBAND OR WIFE <u>Georgia Fogel Poindexter</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Clifford Poindexter</u> | | | | ADDRESS <u>Harrisville Mo</u> | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute anterior coronary thrombosis 1 hr.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>4</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) (Min.) | |
| 21d. TIME OF INJURY | | 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 <u>1-1-52</u> , 19____, to <u>7-4-54</u> , 19____, that I last saw the deceased alive on <u>7-4-</u> , 19 <u>54</u> , and that death occurred at <u>8:25</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>W. H. H. M.D.</u> | | | | 23b. ADDRESS <u>Pleasant Hill, Mo</u> | | 23c. DATE SIGNED <u>7-5-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 6th 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>July 6, 1954</u> | | REGISTRAR'S SIGNATURE <u>Dora Barman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C. E. Foster</u> | | ADDRESS <u>Funeral Home Kansas City Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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



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.....
Signature of Student Embalmer

Signed *J. D. [Signature]*.....
Licensed Embalmer No. 359.....
P. O. Address *[Signature]*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.