No. 300
10.48

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23446

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5591 5595 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): VICTORIA
c. LENGTH OF STAY (in this place): 12 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOACHIM CREEK AT BUCKS BRIDGE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO. b. COUNTY: JEFFERSON
c. CITY OR TOWN: VICTORIA
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0 500 0

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE b. (Middle): c. (Last): PONDES

4. DATE OF DEATH (Month) (Day) (Year): JULY 3 1954

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Feb 10 1902
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MOVER
10b. KIND OF BUSINESS OR INDUSTRY: MOVING
11. BIRTHPLACE (City and State or Foreign Country): ST. CLAIR MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN PONDES
13b. MOTHER'S MAIDEN NAME: SARAH WACKE
14. NAME OF HUSBAND OR WIFE: SUSIE PONDES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 498-05-2578
17. INFORMANT'S SIGNATURE OR NAME: JOHN PRATT — ADDRESS: VICTORIA 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): In Bucks Creek
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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): 050
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 19__, *to* July 4, 1954, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. B. Edwards M.D. Coroner
23b. ADDRESS: Cedar Hill, Mo
23c. DATE SIGNED: 7/4/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/6/54
24c. NAME OF CEMETERY OR CREMATORY: CALVARY
24d. LOCATION (City, town, or county) (State): De Soto Mo.

DATE REC'D BY LOCAL REG.: 7/11/54
REGISTRAR'S SIGNATURE: Kathleen Marsden 141-0
25. FUNERAL DIRECTOR'S SIGNATURE: Daniel J. Maher — ADDRESS: De Soto, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 13 1954

MAY 10 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Daniel J. Mahn

Licensed Embalmer No. 432

P. O. Address De Soto,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.