

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014239

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. ~~244~~ 245 Primary Registration District No. 5834 Registrar's No. 36

300  
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc.: must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marion Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Wentworth	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West Union Rest		Length of stay in lb Home 2 months		d. STREET ADDRESS Route 1	
3. NAME OF DECEASED (Type or print) First Middle Last Elmer Pound			4. DATE OF DEATH Month Day Year 4 15 1959		
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-17-1875	9. AGE (In years birthday) 84	10. FUNDER 1 YEAR Month 2 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ill. 1	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ralph Pound		13b. MOTHER'S MAIDEN NAME Not known	
14. NAME OF HUSBAND OR WIFE Laura M. Pound		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. None	
17. INFORMANT Phyllis Nichols		Address Wentworth Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200	
INTERVAL BETWEEN ONSET AND DEATH over 3 mos		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory; street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Granby, Mo.		COUNTY STATE Newton County Mo.	
21. I attended the deceased from <u>2/5/59</u> to <u>4/11/59</u> and last saw <u>him</u> alive on <u>4/11/59</u> Death occurred at <u>8:30</u> pm on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Charles O. Chesty D.O.</u>		22b. ADDRESS Granby, Mo.	
22c. DATE SIGNED 4/17/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-19-1959	
23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery		23d. LOCATION (City, town, or county) Newton County		(State) Mo.	
24. FUNERAL DIRECTOR Wilks Bros. Pierce City Mo.		ADDRESS Pierce City Mo.		25. DATE RECD. BY LOCAL REG. 4-21-59	
26. REGISTRAR'S SIGNATURE Melvin C. Brown, M.D.		27. DATE SIGNED 4-21-59		28. REGISTRAR'S OFFICE Newton County Mo.	

LABOR PAID APR 21 1939

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, ~~only~~ Edwin Wilks....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Edwin Wilks.....

Licensed Embalmer No. 4131  
P. O. Address Pierce City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.