

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-029639

FILED VS AUG 20 1959

STATE FILE NUMBER

Registration District No. 174

Primary Registration District No. 3095

Registrar's No. 67

5. 300  
v. 1-57

C

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lexington</u>		c. CITY OR TOWN <u>Higginsville- home of parents</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>3 blocks E. H. 13</u>	
3. NAME OF DECEASED (Type or print) First <u>Michael</u> Middle <u>Wayne</u> Last <u>Poantek</u>		4. DATE OF DEATH Month <u>June</u> Day <u>19</u> Year <u>1959</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-18-1959</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant none</u>	11. BIRTHPLACE (City and state or country) <u>Lexington, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Alfred J. Poantek</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Alfred Poantek</u>		Address <u>Higginsville, Mo.</u>	
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>Spontaneous Pneumothorax</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Bronchial obstruction due to unhealed <sup>inhalant</sup> <u>amniotic fluid</u> 1 1/2 yrs</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7620</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY STATE	
21. I attended the deceased from <u>6-18-59</u> to <u>6-19-59</u> and last saw <del>him</del> <sup>her</sup> alive on <u>6-19-59</u> Death occurred at <u>4:00 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. E. Fulkerson M.D.</u>		22b. ADDRESS <u>Higginsville Mo</u>	
22c. DATE SIGNED <u>7-24-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-20-1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>		23d. LOCATION (City, town, or county) (State) <u>Higginsville Mo.</u>	
24. FUNERAL DIRECTOR <u>F. R. Hoefler</u>		ADDRESS <u>Higginsville, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>7-25-59</u>		26. REGISTRAR'S SIGNATURE <u>Wm. G. ...</u>	

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 *Forrest R. Hoefler* .....

Licensed Embalmer No. **480I** .....

P. O. Address **Higginsville, 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.