

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1577

FILED JAN 16 1951

BIRTH NO. REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 2

502

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 906 Parkview Drive	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Edward c. (Last) Pontius			4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1968	
5. SEX Males	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Oct., 12, 1868	9. AGE (In years last birthday) 82/2/19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (State or foreign country) Mt. Pleasant Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME John Ray Pontius		13b. MOTHER'S MAIDEN NAME Mary Compton		14. NAME OF HUSBAND OR WIFE Mary Cavinee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME Mrs. Curt M. Cook, 906 Parkview, Festus	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 7 days 5 yrs 5810
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Embolism of veins		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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)		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 Feb 27, 1942, to Jan 1, 1951, that I last saw the deceased alive on Jan 1, 1951, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. Crystal City Mo		23b. ADDRESS		23c. DATE SIGNED 1-1-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 3, 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial	
				24d. LOCATION (City, town, or county) (State) Mt. Pleasant Iowa.	

DATE REC'D BY LOCAL REG. 1-1-51		REGISTRAR'S SIGNATURE E. E. Bourne, Reg. 444		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. W. England Festus Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH-DEPT.
HILLSBORO, MISSOURI
DATE-RECEIVED 1-10-51
JAN 19 1951

NOV 8 1960
ST. LOUIS MO

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

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed



Licensed Embalmer No. 3010

P. O. Address Festina

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.