

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10514

FILED MAR 22 1951

State File No. 2374  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>6 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bernie</b>		1030			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>--</b>					
3. NAME OF DECEASED (Type or Print) <b>GABE</b>			a. (First) <b>GABE</b>		b. (Middle) <b>POINTER</b>		c. (Last) <b>POINTER</b>		
4. DATE OF DEATH <b>3-10-51</b>		4. DATE OF DEATH (Month) (Day) (Year)		9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months Days			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>August 2, 1882</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>			11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>James Pointer</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>Ida Pointer</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Delmar Pointer</b>				ADDRESS <b>3387 E. Atherton Rd. Flint, Mich.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shock-tamponade</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>ASHD + HCVP</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Infarction of Bowel</b> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>10+ years</b> <b>4 days</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>5:00</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>HH</b>					
22. I hereby certify that I attended the deceased from <b>3-5-51</b> , 19 <b>51</b> , to <b>March 10, 1951</b> , that I last saw the deceased alive on <b>March 10, 1951</b> , and that death occurred at <b>5:00 p. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>JR Bradley M.D.</b>				23b. ADDRESS <b>Barnes Hospital</b>		23c. DATE SIGNED <b>3/11/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-11-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bernie Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Campbell, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>MAR 13 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd</b>					

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

237A

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

Henry W. Wilkinson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis, 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 this body is not embalmed, fact should be so stated above.