

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30535

State File No.

FILED OCT 11 1951

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Dodson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dodson</u> 0480	
c. LENGTH OF STAY (in this place) <u>692</u>		d. STREET ADDRESS (If rural, give location) <u>Petersons Garage</u> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Blue River 87th Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>Pointexter</u>	c. (Last) <u>Pointexter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-16-51</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-21-1898</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lign Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Pointexter</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Durham</u>	14. NAME OF HUSBAND OR WIFE <u>"Unk."</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes WW I WW II</u>	16. SOCIAL SECURITY NO. <u>442-18-8203</u>	17. INFORMANT'S SIGNATURE OR NAME <u>B.T. Pointexter</u>	ADDRESS <u>Helms Park Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Death by Drowning</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9298</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1248 42</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>River</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson MO</u>
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21d. TIME OF INJURY <u>9-11-51 P. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell in River</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, 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) <u>Mrs. H. Queen Carver</u>	23b. ADDRESS <u>3118 34 Rialto Blvd</u>	23c. DATE SIGNED <u>9-17-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-29-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Palastine Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/27/51</u>	REGISTRAR'S SIGNATURE <u>Dr. Anna S. Hedger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B. E. Weidert</u>	ADDRESS <u>K.C. 8. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEC 7 1951

OCT 10 REC

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.

Student
Student Embalmer

Signed.....

B. E. Weir

Licensed Embalmer No.

4075

P. O. Address.....

P. C. S. 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.