

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18221

State File No.

FILED JUN 3 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2455

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Excelsior Springs 6002	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 327 E. Excelsior	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Mont b. (Middle) M. c. (Last) Pointer		4. DATE OF DEATH (Month) (Day) (Year) May 12, 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 8, 1881
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) miner coal miner	
11. BIRTHPLACE (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Sterling P. Pointer		13b. MOTHER'S MAIDEN NAME Frances Black		14. NAME OF HUSBAND OR WIFE Billie Pointer	
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. -unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sterling Pointer Excelsior Springs, Mo.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cor Pulmonale		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Polyarthritism secondary			
		DUE TO (c) Anthraxosis (non-t.B.)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				5247	

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 **May 3, 1953**, to **May 12, 1953**, that I last saw the deceased alive on **May 12, 1953**, and that death occurred at **1:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE OF F. Stanley Morest (Degree or title) F. Stanley Morest M.D.		23b. ADDRESS 1000 Professional Bldg.		23c. DATE SIGNED 5-12-53	
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 5-12-53		24c. NAME OF CEMETERY OR CREMATORY Sunny Slope	
24d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Claude Prichard		25. ADDRESS Excelsior Springs, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

the underlying cause last.		DUE TO (c) Pulmonary Fibrosis			
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 5-11-53 , to 5-12-53 , that I last saw the deceased alive on 5-12-53 , and that death occurred at 1:00 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE Hobart K. B. Altbach (Degree or title) Hobart K. B. Altbach, M.D.		23b. ADDRESS 2300 Holmes, K.C. Mo.		23c. DATE SIGNED 5-12-53	
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 5-12-53		24c. NAME OF CEMETERY OR CREMATORY Sunny Slope	
24d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Claude Prichard		25. ADDRESS Excelsior Springs, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

WRITE PLAINLY—USING UNFADING

NC 6142

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.

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.

Signed
Student Embalmer

Signed *Indee K. Jansen*

Licensed Embalmer No. *4589*

P. O. Address *Excello Springs*

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.