FILED JUL 28 1953

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 25975

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4447 Registrar's No. 61

**1. PLACE OF DEATH**
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Henrietta
c. LENGTH OF STAY (in this place): 4 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Street not listed

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Henrietta 0890
d. STREET ADDRESS (If rural, give location): Street not listed 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): David
b. (Middle): Larkin
c. (Last): Pointer

**4. DATE OF DEATH** (Month) (Day) (Year): July 16, 1953

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: May 18, 1889
**9. AGE** (In years last birthday): 64 — IF UNDER 1 YEAR: Months 1, Days 28 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Railroad work
**10b. KIND OF BUSINESS OR INDUSTRY**: Water Heater
**11. BIRTHPLACE** (City and State or Foreign Country): Clay County, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Newton Pointer
**13b. MOTHER'S MAIDEN NAME**: Irene Shelton
**14. NAME OF HUSBAND OR WIFE**: Minnie Barker Pointer

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): none
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Minnie Pointer — ADDRESS: Henrietta, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: year

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized metastasis — 3 mo
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**
151 X
**20. AUTOPSY?** YES ☐ NO ☑

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* July 1, 1953 *to* July 16, 1953 *that I last saw the deceased alive on* July 16, 1953 *and that death occurred at* 7:10 P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): E. E. Gay M.D.
**23b. ADDRESS**: Richmond Mo.
**23c. DATE SIGNED**: 7-17-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: July 19, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: Sunny Slope
**24d. LOCATION** (City, town, or county) (State): Richmond, Missouri

**DATE REC'D BY LOCAL REG.**: July 20-1953
**REGISTRAR'S SIGNATURE**: Mabel Jackson 273
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Quest-Like Funeral Home Richmond Missouri per [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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

Mn Jul 20th

AUG 5 195

## 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. 4066

P. O. Address Richmond, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.