

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31383**

FILED SEP 22 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 3354 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <b>DALLAS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dallas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fair Grove</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Fair Grove R. 0300</b>	
c. LENGTH OF STAY (In this place) <b>6 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>R.K.R.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>K.R.K.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELSTER</b> b. (Middle) <b>W</b> c. (Last) <b>POINTER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9-11-1953</b>
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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>9-11-1893</b>	9. AGE (In years last birthday) <b>51</b> Months <b>4</b> Days <b>13</b>	IF UNDER 1 YEAR Hours <b>0</b> Min. <b>0</b>	IF UNDER 2 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School teacher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Pointer</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Reynolds Drotter</b>	14. NAME OF HUSBAND OR WIFE <b>Dorothea Pointer</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>489-24-080</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dorothea Pointer</b>	ADDRESS <b>4201</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		<b>Sudden</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c) <b>D.O.A</b>		<b>O.K.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Anginal Pains</b>		<b>IMO</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9-11-1953**, **D.O.A.**, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **3 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>W.D. Plummer M.D.</b>	23b. ADDRESS <b>Buffalo Mo</b>	23c. DATE SIGNED <b>9-16-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-13-1953</b>	24c. NAME OF CEMETERY, OR CREMATORY <b>East Lawn Springfield Mo</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield Mo</b>
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DATE REC'D BY LOCAL REG. <b>9-17-53</b>	REGISTRAR'S SIGNATURE <b>Gray Peter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>K.B. Lince</b>	ADDRESS <b>Buffalo Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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VS SEP 30 1960

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**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. 2508

P. O. Address Buffalo, N.Y.

**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.