

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**1960**

State File No. ....

**FILED JAN 14 1955**

BIRTH NO. 79691-54 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 30

|   |  |   |   |
|---|--|---|---|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Pemiscot</u>   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hayti</u> |  | c. CITY OR TOWN <u>Hayti</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 1</u>                                    |  | e. STREET ADDRESS (If rural, give location) <u>Rural Route 1</u> <span style="float:right">0780</span>  |   |

|   |                        |                        |                          |   |
|---|------------------------|------------------------|--------------------------|---|
| <b>3. NAME OF DECEASED</b><br>(Type or Print) | a. (First) <u>Etha</u> | b. (Middle) <u>Mae</u> | c. (Last) <u>Pointer</u> | <b>4. DATE OF DEATH</b><br>(Month) (Day) (Year)<br><u>January 1, 1955</u> |
|---|------------------------|------------------------|--------------------------|---|

|                                |   |  |   |   |  |
|--------------------------------|---|--|---|---|--|
| <b>5. SEX</b><br><u>Female</u> | <b>6. COLOR OR RACE</b><br><u>Negro</u> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><u>Infant</u> | <b>8. DATE OF BIRTH</b><br><u>Nov. 22, 1954</u> | <b>9. AGE</b> (In years last birthday) <u>1</u> <b>MONTHS</b> <u>9</u> <b>DAYS</b> <u>0</u> | <b>10. UNDER 24 HRS.</b><br>Hours <u>0</u> Min. <u>0</u> |
|--------------------------------|---|--|---|---|--|

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|--|--|--|--|
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>X</u> | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>X</u> | <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><u>R.1 Hayti, Mo.</u> | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>U.S.A.</u> |
|--|--|--|--|

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|---|--|--|
| <b>13a. FATHER'S NAME</b><br><u>Freddie Pointer</u> | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Ruthie Mae Tucker</u> | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>X</u> |
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|---|--|--|--|
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | <b>16. SOCIAL SECURITY NO.</b><br><u>X</u> | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><u>Freddie Pointer</u> | <b>ADDRESS</b><br><u>R. 1 Hayti, Mo.</u> |
|---|--|--|--|

|  |  |  |   |
|--|--|--|---|
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b>   |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><u>10 days</u> |
|  | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Wetigo tracheobronchitis</u>  |  |   |
|  | <b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) _____ |  |   |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                               |   |  |
|-------------------------------|---|--|
| <b>19a. DATE OF OPERATION</b> | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><u>501 X</u> | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-------------------------------|---|--|

|   |   |  |
|---|---|--|
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> |
|---|---|--|

|   |   |                                   |
|---|---|-----------------------------------|
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b> |
|---|---|-----------------------------------|

**22. I hereby certify that I attended the deceased from Dec 31, 1954 to Dec 31, 1954, that I last saw the deceased alive on Dec 31, 1954, and that death occurred at 11:30 AM, from the causes and on the date stated above.**

|   |  |  |
|---|--|--|
| <b>23a. SIGNATURE</b> (Degree or title)<br><u>Daniel R. Hanney MD</u> | <b>23b. ADDRESS</b><br><u>Wardell Mo</u> | <b>23c. DATE SIGNED</b><br><u>1/1/55</u> |
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|   |                                   |   |   |
|---|-----------------------------------|---|---|
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>Burial</u> | <b>24b. DATE</b><br><u>1-1-55</u> | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>Homestown</u> | <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>Wardell, Mo.</u> |
|---|-----------------------------------|---|---|

|  |  |  |                |
|--|--|--|----------------|
| <b>DATE REC'D BY LOCAL REG.</b><br><u>1-4-55</u> | <b>REGISTRAR'S SIGNATURE</b><br><u>John W. German</u> <span style="float:right">406-0</span> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><u>Buried By Family</u> | <b>ADDRESS</b> |
|--|--|--|----------------|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

780  
1

1-10-55

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JAN 13 1955

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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 ..... Body was not embalmed ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.