

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026473  
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 326

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 410 North Brown		Length of stay in 1b	STREET ADDRESS (If outside, give location) 410 North Brown
3. NAME OF DECEASED (Type or print) First MIDDLE Last IDA CATHERINE POINTER			4. DATE OF DEATH Month Day Year August 3, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 3, 1883
9. AGE (In years last birthday) 75	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Osage County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME John M. Jett	13b. MOTHER'S MAIDEN NAME Martha Jane Smith	14. NAME OF HUSBAND OR WIFE Charles M. 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. None	17. INFORMANT Mrs. Nonie Gage, Address 410 North Brown Sedalia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Decompensated Heart</i> DUE TO (b) <i>arteriosclerotic Heart Disease</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 1 yr 2 yrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	4200		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from Jan 1, 56, to Aug 2 1958 and last saw her alive on Aug 2, 1958 Death occurred at 7:10 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. Z. Holden MD 2		22b. ADDRESS 1116 W. 3rd Sedalia, Mo	22c. DATE SIGNED 8/4/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/5/58	23c. NAME OF CEMETERY OR CREMATORY Hazel Grove Cemetery	23d. LOCATION (City, town, or county) (State) Rural Saline County, Mo.
24. FUNERAL DIRECTOR Francis Kelby	ADDRESS Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. 8-4-58	26. REGISTRAR'S SIGNATURE Francis Kelby

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....

Signature of Student Embalmer

Signed *P. E. Baker* .....

Licensed Embalmer No. *2419* .....

P. O. Address *Seabrook, N.* .....

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.