URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1960

-60-031588

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 155

ENDED

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla — Length of stay in 1b 4-Mos
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarlands Nursing Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Osage
c. CITY OR TOWN Rural (North) — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Belle - Mo. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Charles Edward Pointer

4. DATE OF DEATH Month Day Year: Aug - 12 - 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Nov 16 - 1877
9. AGE (last birthday): 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (City and state or country): Gascunade County - Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: Charles Pointer
13b. MOTHER'S MAIDEN NAME: Elizabeth Mathews
14. NAME OF HUSBAND OR WIFE: deceased (Cynthia 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.: unknown
17. INFORMANT Address: Clark Pointer - Louisiana - Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Degenerative Heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Diabetes Mellitus

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4-18-60, to 8-12-60 and last saw her/him alive on 8-12-60
Death occurred at 7:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: Rolla Mo
22c. DATE SIGNED: 8/12/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug 14-1960
23c. NAME OF CEMETERY OR CREMATORY: Liberty Cemetery
23d. LOCATION (City, town, or county) (State): Belle - Missouri

24. FUNERAL DIRECTOR ADDRESS: Sassmann's Service Chester Sassmann Belle - Mo
25. DATE RECD. BY LOCAL REG.: Aug. 13, 1960
26. REGISTRAR'S SIGNATURE: Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chester Laseman

Signature of Student Embalmer

Licensed Embalmer No. 4178

P. O. Address Bland - M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.