

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045794

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. - Registrar's No. 398

AMENDED

FILED JAN 2 1962

1. PLACE OF DEATH a. COUNTY Pettis b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in lb lifetime c. CITY OR TOWN Sedalia Inside Limits Yes No EX d. STREET ADDRESS (If outside, give location) Route 4 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First OPAL Middle FLORENCE Last POYNTER 4. DATE OF DEATH December 23, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6/5/02 9. AGE (last birthday) 59 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) None 10b. KIND OF BUSINESS OR INDUSTRY \*\*\*\*\* 11. BIRTHPLACE (City and state or country) Pettis County, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas Wm. Poynter 13b. MOTHER'S MAIDEN NAME Velma E. Tindle Poynter 14. NAME OF HUSBAND OR WIFE \*\*\*\*\*

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 Address Mrs. Sue Harmon, Route 4, 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) Uremia INTERVAL BETWEEN ONSET AND DEATH 2 days (b) Pylorospasms 1 wk (c) Arteriosclerotic heart disease years

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 Month, Day, Year a.m. p.m.

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 12/18/61 to 12/23/61 and last saw her alive on 12/23/61 Death occurred at 1:05 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS Sedalia Mo. 22c. DATE SIGNED 12/27/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12/26/61 23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery 23d. LOCATION (City, town, or county) Sedalia, Missouri

24. FUNERAL DIRECTOR ADDRESS Sedalia, Missouri 25. DATE RECD. BY LOCAL REG. Dec 29, 1961 26. REGISTRAR'S SIGNATURE Frances Shelby (Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

**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 Sedalia, Mo

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.