

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023708  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 89

**FILED JUN 21 1962**

1. PLACE OF DEATH a. COUNTY <u>Jefferson County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Festus Mo.</u> Length of stay in 1b _____		c. CITY OR TOWN <u>Des Moines</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jefferson Memorial Hosp</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1807 Capitol St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>R.</u> Last <u>Pointer</u>		4. DATE OF DEATH Month <u>6</u> Day <u>8</u> Year <u>62</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/27/73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Iron Moulder (Retired 1931)</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (last birthday) <u>88</u>
11a. FATHER'S NAME <u>William L. Pointer</u>		11b. MOTHER'S MAIDEN NAME <u>Helen Hatfield</u>	11c. BIRTHPLACE (City and state or country) <u>Illinois</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		12b. SOCIAL SECURITY NO. <u>None</u>	12c. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cordeas failure</u> DUE TO (b) <u>Myocardial arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		14. NAME OF HUSBAND OR WIFE <u>Lulu Pointer</u> 17. INFORMANT <u>Edna Mae Kelley #60 Tealwood-Creve Coeur, Mo.</u> 18. INTERVAL BETWEEN ONSET AND DEATH _____	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Thrombosis left leg</u>	
20d. INJURY OCCURRED WHILE AT WORK <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 <u>6/6</u> to <u>6/8/62</u> and last saw him alive on <u>6/8/62</u> Death occurred at <u>5:40 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>6/8/62</u>	
22a. SIGNATURE <u>Robert A. Allen MD</u> (Degree or title)		22b. ADDRESS <u>Box 146 Crystal City Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Rail)</u>		23b. DATE _____	
23c. NAME OF CEMETERY OR CREMATORY _____		23d. LOCATION (City, town, or county) <u>Des Moines, Iowa</u>	
24. FUNERAL DIRECTOR <u>Kriegshauser</u> ADDRESS <u>9450 Olive St. Road</u>		25. DATE RECD. BY LOCAL REG. <u>6-18-62</u>	
		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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DATE AMENDED  
INSTEAD OF  
SHOULD READ  
ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUN 21 1962

**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 William P. White

Licensed Embalmer No. 4291

P. O. Address 4228 So. Kings Highway

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.