

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

**23548**

State File No. ....

**FILED JUN 29 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **127**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Saline</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>OR TOWN Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>OR TOWN Salt Fork township Rural</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>HOSPITAL OR INSTITUTION Corner Salt Pond &amp; Washington St. 8 miles south of Marshall</b>		d. STREET ADDRESS (If rural, give location) <b>0970 Mo.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Huston</b> b. (Middle) <b>Homer</b> c. (Last) <b>Pointer</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 22, 1953</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 28, 1895.</b>	<b>9. AGE</b> (In years last birthday) <b>58</b>	<b>IF UNDER 1 YEAR</b> Months <b>3</b> Days <b>24</b>	<b>IF UNDER 24 HRS.</b> Hours <b></b> Min. <b></b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own farm</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>C</b> <b>Osage Co. Missouri</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>						

<b>13a. FATHER'S NAME</b> <b>Hiram Nelson Pointer</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Frances Jett</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Edna Mae Pointer</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I.</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs Edna Mae Pointer, Marshall, Mo.</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *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> R.F.D.I. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crossed eye</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Shunt for eye</b> DUE TO (c) <b></b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>None</b>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4201</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<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>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
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**22. I hereby certify that I attended the deceased from Jan 10, 1949, to 6-22, 1953, that I last saw the deceased alive on 6-21, 1953 and that death occurred at 11 A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Sidney J. Gray M.D.</b>	<b>23b. ADDRESS</b> <b>Marshall, Mo.</b>	<b>23c. DATE SIGNED</b> <b>6/22/53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>June 25, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Sunset Memorial Gardens, Marshall, Mo.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Marshall, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>6-23-1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Sidney J. Gray 385</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Campbell-Lewis Marshall, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

APR 1 1953

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 .....  
Student Embalmer

Signed

*R. W. Campbell Jr.*

Licensed Embalmer No. *3469*

P. O. Address *Marshall, 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 this body is not embalmed, fact should be so stated above.