

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011756

FILED VS MAR 30 1960

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 54

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <b>MACON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>MACON</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MACON</b>		Length of stay in 1b <b>2 HRS.</b>		c. CITY OR TOWN <b>MACON</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Samaritan</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>940 SUNSET DRIVE</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>MILES</b> Middle <b>EDWARD</b> Last <b>PONTIUS</b>				4. DATE OF DEATH Month <b>MARCH</b> Day <b>16</b> Year <b>1960</b>					
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1/20/1897 63</b>		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>MACON ELEVATOR</b>		11. BIRTHPLACE (City and state or country) <b>HENRY COUNTY, IOWA</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>CHARLES E. PONTIUS</b>			13b. MOTHER'S MAIDEN NAME <b>MARY JANE CAVENCE</b>			14. NAME OF HUSBAND OR WIFE <b>VERA L. PONTIUS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W.W.I</b>			16. SOCIAL SECURITY NO. <b>486-38-5879</b>		17. INFORMANT Address <b>Charles Pontius Callao, Mo.</b>				
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>Overdose Barbiturates and alcohol accidental</i>								INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fell in spring back about 16 hrs previously</i>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____		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 <i>Mar 17 1960</i> to <i>Mar 17 1960</i> and last saw <sup>her</sup> him alive on <i>Mar 17 1960</i> Death occurred at <i>3:00 P.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Edward M. Meeley</i> (Degree or title) <i>MO</i>				22b. ADDRESS <i>Macon Mo</i>				22c. DATE SIGNED <i>3/17/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>MAR. 19, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>H. C. Mem. Gardens</b>		23d. LOCATION (City, town, or county) (State) <b>Macon, Missouri</b>			
24. FUNERAL DIRECTOR <i>Lester Sutton</i> ADDRESS <i>macon, mo.</i>				25. DATE RECD. BY LOCAL REG. <i>3/17/60</i>		26. REGISTRAR'S SIGNATURE <i>Kath Meeley</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 31 1960.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles L. Hutto

Licensed Embalmer No. 4577

P. O. Address Macon, Ga.

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.