

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38271**

FILED DEC 12 1949

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **4409** Registrar's No. **153**

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

1. PLACE OF DEATH a. COUNTY PHelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PHelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEWBURG		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEWBURG	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) John	a. (First)	b. (Middle) ALEXANDER	c. (Last) POTTER	4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 8-1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS.: Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. York Master	10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad	11. BIRTHPLACE (State or foreign country) Marshfield Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jeshery Potter	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Lulu Potter Newburg Mo
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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.	17. INFORMANT'S SIGNATURE OR NAME Vivian Hazen Newburg Mo	ADDRESS Newburg Mo
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18. CAUSE OF DEATH 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 36 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-vascular Renal disease DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		334X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 21, 1949**, to **Nov 22, 1949**, that I last saw the deceased alive on **Nov 22, 1949**, and that death occurred at **6:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard E. Myers D.O.	23b. ADDRESS Newburg, Missouri	23c. DATE SIGNED 11-23-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Nov. 25, 1949	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Newburg	24d. LOCATION (City, town, or county) (State) Newburg Mo
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DATE REC'D BY LOCAL REG. 11-28-49	REGISTRAR'S SIGNATURE Nadine L. Stoeckl	380	25. FUNERAL DIRECTOR'S SIGNATURE Lee Johnson	ADDRESS Newburg Mo
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(Licensed Embalmer's Statement on Reverse Side)

RECORDED

Phelps County Health Officer,

County File Number _____

Date Filed 12-6-49

DEC 27 1949

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.~~

Signed Lee Johnson

Signed _____
Student Embalmer

Licensed Embalmer No. 3392

P. O. Address Newburg 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.