

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29286**

BIRTH NO. 46955-50 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 245

1. PLACE OF DEATH a. CITY Adair		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville 0013	
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C.O.S. Hospital		d. STREET ADDRESS (If rural, give location) 1401 W. Gardner	

3. NAME OF DECEASED (Type or Print)	a. (First) Tony	b. (Middle) Michael	c. (Last) Potter	4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 16, 1950	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked	10b. KIND OF BUSINESS OR INDUSTRY Never worked	11. BIRTHPLACE (State or foreign country) Kirkville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ruben Potter	13b. MOTHER'S MAIDEN NAME Hazel Williams	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT'S SIGNATURE OR NAME Ruben Potter, Kirksville, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atelectasis left lung. Congenital DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastro-entero-colitis			7620

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 8-16-50, 1950, to 9-11-, 1950, that I last saw the deceased alive on 9-2-, 1950, and that death occurred at 4:00A m., from the causes and on the date stated above.

23a. SIGNATURE Martin E. Richardson (Degree or title)	23b. ADDRESS K.C.O.S., Kirksville, Missouri	23c. DATE SIGNED 9-12-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/13/50	24c. NAME OF CEMETERY OR CREMATORY Novinger	24d. LOCATION (City, town, or county) (State) Novinger, Missouri
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DATE REC'D BY LOCAL REG. 9-13-50	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Paul M. [Signature]	ADDRESS Kirkville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 1
Date Received:
DISTRICT HEALTH OFFICE
District File Number 7-5
Date Filed: SEP 19 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Roy H. Mercer

Signed.....
Student Embalmer

Licensed Embalmer No. 4432

P. O. Address. Kirksville, 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.