

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27466

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 32

0210  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK RURAL</u>	
c. LENGTH OF STAY (In this place) <u>1 YEAR</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 MI NORTH OF BRUNSWICK</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>IRA</u>		b. (Middle) <u>L.</u>		c. (Last) <u>POTTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 1 1952</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>10-6-1883</u>	
9. AGE (In years) (Month) (Day) (Year) <u>68</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMWORK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PETERSBURG ILLINOIS U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							

13a. FATHER'S NAME <u>LEWIS POTTER</u>		13b. MOTHER'S MAIDEN NAME <u>FRANKIE ANN McHENRY</u>		14. NAME OF HUSBAND OR WIFE <u>DIVORCED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-12-3008</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ROBT POTTER SLATER MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Gastric Hemorrhage</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Pyloxis Erosion of Vascosity of stomach.</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>  <u>4 mo.</u>	
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19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>460x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>L</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>L</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>L</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>L</u>	

22. I hereby certify that I attended the deceased from JUN 31, 1952 to AUG 1, 1952, that I last saw the deceased alive on AUG 1, 1952, and that death occurred at 7:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Fowler 2 DC</u> (Degree or title)		23b. ADDRESS <u>Brunswick, Mo</u>		23c. DATE SIGNED <u>8-1-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-3-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MCCULLOUGH</u>	
24d. LOCATION (City, town, or county) (State) <u>TRIPLETT MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Maersel</u>		ADDRESS <u>Brunswick Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-3-52</u>		REGISTRAR'S SIGNATURE <u>Mildred Brane</u>		55-0	

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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 L. M. Weis

Licensed Embalmer No. 823

P. O. Address Brunswick, 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.