

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42145

0460

REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 2886 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View, Mo</u>		c. LENGTH OF STAY (in this place) <u>8 Yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memoral Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>rural</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lew</u> b. (Middle) <u>Lemard</u> c. (Last) <u>Potts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 18th 1952</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 2 1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years) (If under 1 year, last birthday) (Months) (Days) (If under 12 hrs., Hours) (Min.) <u>69 7 16</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Issac J Potts</u>		13b. MOTHER'S MAIDEN NAME <u>Barbra T Pankey</u>	14. NAME OF HUSBAND OR WIFE <u>Lula B Potts</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lula B Potts Mtn View, Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>One week</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)
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?
22. I hereby certify that I attended the deceased from <u>Dec 11, 1952</u> , to <u>Dec 18, 1952</u> , that I last saw the deceased alive on <u>Dec 17, 1952</u> , and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thomas R Shaggs M.D.</u>		23b. ADDRESS <u>Mtn View Mo</u>	23c. DATE SIGNED <u>Dec 19-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/26/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Reese Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Mountain View Mo</u>
DATE REC'D BY LOCAL REG. <u>12/26/52</u>	REGISTRAR'S SIGNATURE <u>Laura Gutierrez</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Laura Gutierrez</u>	ADDRESS <u>General Home Mtn View Mo</u>

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

JAN 1955

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 _____

John J. Keenan

Licensed Embalmer No. 2516

P. O. Address St. Louis 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.