No. 300
10.48

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

0492 0

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 27 1953

State File No. 39502

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 165

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jane Chinn Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carl Junction
d. STREET ADDRESS (If rural, give location): 206 Skinner St.

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3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): J.
c. (Last): Potts

4. DATE OF DEATH (Month) (Day) (Year): Nov. 19, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 13, 1874
9. AGE (In years last birthday): 79 — If under 1 year: Months 10, Days 6; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Arkansas 7
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jefferson Potts
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Bert Potts, Carl Junction, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Several years
DUE TO (c) — INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — INTERVAL BETWEEN ONSET AND DEATH: Also Not Recd.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 490X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 12, 1953, *to* Nov 19, 1953, *that I last saw the deceased alive on* Nov 19, 1953, *and that death occurred at* 1:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. B. Kerr (Degree or title): D.O. 2
23b. ADDRESS: 530½ Main St. Joplin, Mo.
23c. DATE SIGNED: 11-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-20-53
24c. NAME OF CEMETERY OR CREMATORY: Chinquapin Springs Cem.
24d. LOCATION (City, town, or county) (State): Pindall, Arkansas

DATE REC'D BY LOCAL REG.: 11-20-53
REGISTRAR'S SIGNATURE: Mrs. Madeline Swingle 474-
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Roney Funeral Service, Carl Junction

(Licensed Embalmer's Statement on Reverse Side)

NOV 25 1953

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NOV 25 1953

FEB 18 1959

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City 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.