

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39692

State File No. \_\_\_\_\_

FILED NOV 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 5701 Registrar's No. 21

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1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Utica, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Breckenridge, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>30 min</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi. SW Breckenridge, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ambulance Highway 36</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DONALD</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>POTTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11/9/1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>1/23/1939</u>		9. AGE (In years last birthday) Months Days <u>14 9 22</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Breckenridge, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Breckenridge, Mo.</u>	

13a. FATHER'S NAME <u>Emmett Potts</u>		13b. MOTHER'S MAIDEN NAME <u>Anna M. Hicks</u>		14. NAME OF HUSBAND OR WIFE <u>single</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emmett Potts</u>	
				ADDRESS <u>Breckenridge, 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, ashenic, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compound basal fracture of skull</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tractor accident.</u>				
		DUE TO (c) _____				
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public highway</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Breckenridge Caldwell Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-9-53 5P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tractor turned over on deceased.</u>	
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22. I hereby certify that I attended the deceased from deceased was dead on arrival, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. M. D. Swell, M.D.</u>		23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>11-17-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/13/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rosa Hill cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Breckenridge Mo</u>	

DATE REC'D BY LOCAL REG. <u>11-21-53</u>		REGISTRAR'S SIGNATURE <u>Herbie L. Ewing, 175</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geneb. Michael, Braymer, Mo.</u>	
				ADDRESS <u>Braymer, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

*Gene B. Michael*

Licensed Embalmer No. *4340*

P. O. Address *Braymer, 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.