

43805

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED JAN 4 1954

 BIRTH NO. 20277-53 REG. DIST. NO. 27A PRIMARY REG. DIST. NO. 5909 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>		
b. CITY OR TOWN <u>RURAL, LITTLE PRairie MO</u>		c. LENGTH OF STAY (in this place) <u>3 mo</u>	c. CITY OR TOWN <u>RURAL, LITTLE PRairie MO</u>		d. STREET ADDRESS <u>#11 West of Paruthersville MO</u>
3. NAME OF DECEASED a. (First) <u>VIRGIE</u> b. (Middle) <u>POTTS</u> c. (Last) <u>POTTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 24 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>3 NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>SEPT 9, 1953</u>		9. AGE (in years last birthday) <u>3</u> <u>15</u> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Paruthersville MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>FRANK POTTS, JR.</u>		13b. MOTHER'S MAIDEN NAME <u>GLADYS POINTER</u>		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>FRANK POTTS, JR.</u>		ADDRESS <u>Paruthersville MO</u>
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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
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u>	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
	DUE TO (b) <u>Did not seek medical</u>			
	DUE TO (c) <u>Care.</u>			
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 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)	<u>7955</u>	
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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Beecher M.D.</u>	(Degree or title)	23b. ADDRESS <u>Paruthersville MO</u>	23c. DATE SIGNED <u>12-29-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12/24/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MORGAN RIDGE</u>	24d. LOCATION (City, town, or county) (State) <u>Paruthersville, MO</u>

DATE REC'D BY LOCAL REG. <u>12-30-1953</u>	REGISTRAR'S SIGNATURE <u>Hessie B. Walker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lo Forge Undertaking Co</u>	ADDRESS <u>Paruthersville MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0750

12-406-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO:

DEC. 31 1959

STATEMENT BY LICENSED EMBALMER

*NOT Embalmed*

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.