

FILED DEC 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39152

BIRTH NO. _____		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>407</u>	
1. PLACE OF DEATH a. COUNTY <u>St Francois County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Bonne Terre</u>		c. LENGTH OF STAY (in this place) <u>24 hours</u>		c. CITY OR TOWN <u>Potosi</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>205 Hall Street</u> <u>1100</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle)		c. (Last) <u>Potashnick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 31, 1883</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired cafe owner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gommspodath, Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Potashnick</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Shambreg</u>		14. NAME OF HUSBAND OR WIFE <u>Mammie Potashnick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-38-4574</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mammie Potashnick Potosi, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>unknown</u> <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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.)		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>Nov 19, 1956</u> , to <u>Nov 20, 1956</u> that I last saw the deceased alive on <u>Nov 20, 1956</u> , and that death occurred at <u>3:53P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter W. Miller M.D.</u>				23b. ADDRESS <u>Bonne Terre, Mo.</u>		23c. DATE SIGNED <u>11-22-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov. 23, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Mosonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Potosi, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 23, 1956</u>		REGISTRAR'S SIGNATURE <u>Esther R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur W. Smith Potosi Mo</u>			

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
C. H. Bayes

Licensed Embalmer No. 415

P. O. Address 707031

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.