

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED JAN 22 1957

Registration District No. 47Primary Registration District No. 3008Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Fulton</u> TOWN		c. CITY <u>Fulton</u> OR <u>143</u> TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Home</u> INSTITUTION		d. STREET (If outside, give location) ADDRESS <u>512 Bluff St</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
<u>First</u> <u>Bettie</u>		<u>Month</u> <u>Jan</u>	
<u>Middle</u> <u>Lee</u>		<u>Day</u> <u>16</u>	
<u>Last</u> <u>Potts</u>		<u>Year</u> <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan-1-1873</u>
9. AGE (In years last birthday) <u>84</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>15</u> Hours <u>15</u> Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Near Reform, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John Estes</u>	
14. MOTHER'S MAIDEN NAME <u>Cerelda Nichols</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Lester Potts</u> Address <u>512 Bluff, Fulton, Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 months +</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>331X</u>
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Fulton, Mo</u>
21. I attended the deceased from <u>10-8-56</u> to <u>1-16-57</u> and last saw ^{her} _{him} alive on <u>1-16-57</u> Death occurred at <u>11:50 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Vernon H. Brown, M.D.</u> (Degree or title)		22b. ADDRESS <u>Fulton, Mo.</u>	22c. DATE SIGNED <u>1-18-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan-18-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Unity Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>East of Fulton Mo</u>
24. FUNERAL DIRECTOR <u>Hallack Funeral Home</u> ADDRESS <u>Fulton, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Jan-18-1957</u>	26. REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....
Signature of Student Embalmer

Signed *Denzil C. Brown*

Licensed Embalmer No. *27*

P. O. Address *Fallston, Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.