

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031942
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 43 Primary Registration District No. 51

5. 300
1-57

1. PLACE OF DEATH
a. COUNTY Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fisk, Mo. DD Hwy. Inside Limits Yes No

c. CITY OR TOWN Fisk 0120 Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route #1 Length of stay in lb

d. STREET ADDRESS Route #1 (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Ellen Potillo

4. DATE OF DEATH Month Day Year Sept. 15, 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED 2 DIVORCED 8. DATE OF BIRTH Feb. 12, 1873 9. AGE (In years last birthday) 85 UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Butler County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Shadrick Inman 13b. MOTHER'S MAIDEN NAME Amy Williams 14. NAME OF HUSBAND OR WIFE Jacob Potillo, Dec'd.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. None 17. INFORMANT Address Mrs. John Chronister, Fisk, Mo.

18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) *Cardiac Decompensation*
DUE TO (b) *myocardial infarction*
DUE TO (c) *4331*
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)

INTERVAL BETWEEN ONSET AND DEATH
1 hr
?

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from *1957* to *15 Sept 58* and last saw him alive on *12 Sept 58*
Death occurred at *4:30 P.* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *J. Chronister MD* (Degree or title) 22b. ADDRESS *321 Col Poplar Bluff Mo* 22c. DATE SIGNED *21 Sept 58*

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-18-58 23c. NAME OF CEMETERY OR CREMATORY Hamtown Cem. 23d. LOCATION (City, town, or county) (State) Butler County, Mo.

24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo. 25. DATE RECD. BY LOCAL REG. 9/27/58 26. REGISTRAR'S SIGNATURE *R. H. H. H.*

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

OCT 3 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Charles E. Mungle* _____

Licensed Embalmer No. *4877* _____

P. O. Address *Poplar Bluff* _____

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.