

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010458
STATE FILE NUMBER

FILED APR 6 1959

Registration District No. 277 Primary Registration District No. 5949 Registrar's No. 25

300
-57

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CUYRE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN WHITESIDE 0590 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION BOWLING GREEN		Length of stay in lb 9 WEEKS	d. STREET ADDRESS (If outside, give location) J.M. S EAST Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH ANDERSON Potts			4. DATE OF DEATH Month Day Year Mar 18 - 59.
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEP-7-1869
9. AGE (In years) 1 (day) 89.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER.	11. BIRTHPLACE (City and state or country) ROGERSVILLE TENN
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER.		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	12. CITIZEN OF WHAT COUNTRY? U.S.G
13a. FATHER'S NAME WILLIAM Potts		13b. MOTHER'S MAIDEN NAME MATILDA MEE	14. NAME OF HUSBAND OR WIFE MARGARET-WEEKS. Potts
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. CHARLES DAVIS, BOWLING GREEN MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Myocarditis DUE TO (c) Egdo carditis			INTERVAL BETWEEN ONSET AND DEATH 3 day yes yes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4214			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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 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 COUNTY STATE	
21. I attended the deceased from 1954 to 3-18-59 and last saw ^{her} _{him} alive on 3-16-59 Death occurred at 3:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Ink) (Degree or title) J.M. Anderson No 2		22b. ADDRESS Bowling Green Mo	
		22c. DATE SIGNED 3/20/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAR 20-1959	
23c. NAME OF CEMETERY OR CREMATORY MILL CREEK CEM		23d. LOCATION (City, town, or county) (State) LINCOLN COUNTY-MO	
24. FUNERAL DIRECTOR CORNER FUNERAL SERVICE		25. DATE RECD. BY LOCAL REG. MO 3-30-59	
26. REGISTRAR'S SIGNATURE Bill Robinson			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Geo. M. Call*

Licensed Embalmer No. *3839*
P. O. Address *Louisa*

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.