

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026213

FILED JUL 16 1959 290

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft. Leonard Wood		Length of stay in 1b 3 hrs	c. CITY OR TOWN Ft. Leonard Wood Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION U.S. Army Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) U.S. Army Hospital Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Robert Alfred Potts			4. DATE OF DEATH Month July Day 4 Year 1959	
5. SEX Male	6. COLOR OR RACE Cau	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 3, 1959	9. AGE (last birthday) ----
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and state or country) Ft. Leonard Wood, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Gilford William Potts		13b. MOTHER'S MAIDEN NAME Bonnie Sue Rector		14. NAME OF HUSBAND OR WIFE -----
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. -----	17. INFORMANT Gilford W. Potts Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Insufficiency			INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 'Month', Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 July 3, 1959 to July 4, 1959 and last saw him alive on July 4, 1959		Death occurred at 1:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Hans H. Bank MD (Degree or title)		22b. ADDRESS Fort Leonard Wood, Mo.	22c. DATE SIGNED 7-6-59 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-7-1959	23c. NAME OF CEMETERY OR CREMATORY Union Cemetery	23d. LOCATION (City, town, or county) Bland
24. FUNERAL DIRECTOR Sassmann Fun. Service Chas. Sassmann, Bland, Mo. (Licensed Embalmer's Statement on Reverse Side)		25. DATE RECD. BY LOCAL REG. 7-6-59	26. REGISTRAR'S SIGNATURE Gula J. Anderson

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

JAN 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed NOT Embalmer
Chen

Licensed Embalmer No. 4178

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to con-
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.