ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-037432
STATE FILE NUMBER

AMENDED

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 161

FILED OCT 23 1961

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mineral Township
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highways D & 96
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jasper
c. CITY OR TOWN Oronogo
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. 1
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ruth Middle Isabelle Last Potts
4. DATE OF DEATH Month October Day 14, Year 1961
5. SEX F
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/18/1916
9. AGE (last birthday) 45
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Alba, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Alfred Scott
13b. MOTHER'S MAIDEN NAME Laura Carlotte
14. NAME OF HUSBAND OR WIFE Gordon Bennett Potts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
O.
17. INFORMANT Don Loomis, Address Carterville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Basal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: Inst.
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) Automobile accident on Highways D & 96 The Potts car failed to stop at the intersection and was hit broadside by the Nesch vehicle.
20c. TIME OF INJURY Hour 4:05 a.m. p.m. Month, Day, Year 10-14-61
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highways 96 + D
20f. CITY, TOWN, OR LOCATION Mineral Township COUNTY Jasper STATE Mo.

21. I attended the deceased from Did Not Attend to and last saw her/him alive on
Death occurred at 4:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) Coroner, DDS
22b. ADDRESS 508 Frisco Bldg. Joplin, Missouri
22c. DATE SIGNED 10-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/17/61
23c. NAME OF CEMETERY OR CREMATORY Weaver Cemetery
23d. LOCATION (City, town, or county) (State) N. of Oronoro, Jasper Co., Mo.

24. FUNERAL DIRECTOR ADDRESS Hedge-Lewis Funeral Home, Webb City, Mo.
25. DATE RECD. BY LOCAL REG. 10-17-61
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

OCT 24 1961

OCT 30 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Richard Wm Lew

Licensed Embalmer No. 4405

P. O. Address Webb City, M

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.