

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037214

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 294 Primary Registration District No. 6006 Registrar's No. 209 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

| | | | | | |
|---|----------------------------------|---|--|--|--|
| FILED SEP 18 1963 | | 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cairo</u> | | Length of stay in 1b <u>5 years</u> | | c. CITY OR TOWN <u>Cairo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.F.D # 2</u> | | Inside Limits. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>R.F.D # 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>LEWIS SULLIVAN POTTS</u> | | | 4. DATE OF DEATH <u>September - 14 - 1963</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan-8-1887</u> | 9. AGE (last birthday) <u>76</u> | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Pike County Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA.</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Klelah Potts</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes War #1</u> | | 16. SOCIAL SECURITY NO. <u>[redacted]</u> | | 17. INFORMANT <u>Mrs. Lewis Potts Cairo Mo.</u> Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: <u>Presumed to be natural causes</u> | | | | | |
| IMMEDIATE CAUSE (a) <u>Subject had been treated several months ago for a heart condition</u> | | | | | |
| DUE TO (b) <u>subject was found dead in bed was alone in home at the time of death; was seen by relatives on Sept. 13, 1963; he had got up and started to</u> | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>cook his breakfast which was still on stove. Investigation revealed no indication</u> | | | | | |
| 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 SUICIDE HOMICIDE <u>of foul play.</u> | | 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. | | 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 _____ to _____ and last saw her/him alive on _____. Death occurred at <u>about 8:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>M. Earl White</u> (Degree or title) | | | 22b. ADDRESS <u>Moberly, Missouri</u> | | 22c. DATE SIGNED <u>Sept 17-1963</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE <u>Sept-17-63</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Grand Prairie Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>Cairo Mo.</u> | | 23e. STATE <u>Mo.</u> | | 23f. COUNTY <u>Moberly</u> | |
| 24. FUNERAL DIRECTOR <u>Cater Funeral Home</u> | | 25. DATE RECD. BY LOCAL REG. <u>Sept. 17-1963</u> | | 26. REGISTRAR'S SIGNATURE <u>M. Earl White</u> | |

(Licensed Embalmer's Statement on Reverse Side)

SEP 26 1963

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Annika Toland

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 *Jerry A. Carter*
Licensed Embalmer No. 4906

P. O. Address *Moberly, Mo*

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.