

FILED AUG 2 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22863

Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 615

## 1. PLACE OF DEATH

(a) County Greene  
 (b) City or town Springfield Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
615 N. Main St. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 3 years  
 years, months or days

## 3. (a) PRINT FULL NAME

James L. Poteet  
 3. (b) If veteran name war NIL  
 3. (c) Social Security No. NIL

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife Single  
 6. (c) Age of husband or wife if alive ✓ years  
 7. Birth date of deceased November 21 - 1899  
 (Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 3  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Walnut Grove Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Jewelryman

11. Industry or business Retired

MOTHER FATHER  
 12. Name Pleasant A. Poteet  
 13. Birthplace Ky. 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Missouri Weekly  
 15. Birthplace Ky. 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant Richard W. Poteet

(b) Address 726 Quindaro, Kansas City, Mo.

17. (a) Burial (b) Date thereof July - 29, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Gene A. Brim

(b) Address Walnut Grove Mo.

19. (a) 7-27-48 (b) W. E. Handley MD  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
 (c) City or town Springfield 2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 615 N. Main St. 6  
 (If rural, give location) \_\_\_\_\_  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
 year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from several  
months, 1948, to 7-23, 1948  
 that I last saw him alive on 7-23-48  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure, edema of lungs & lungs - hyponoia  
 Due to hemiplegia several  
years ago  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury ✓  
 23. Signature Garrett Hogg M.D. (M. D. or other)  
 Address Springfield, Mo. 1053 Date signed 7-26-48  
Avondale

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....  
*James R. Phillips*....., Registered Apprentice No. *215*  
working under my personal supervision.

Signed.....*Gene A. Brown*.....

Licensed Embalmer No. *2664*

P. O. Address *Walnut Grove 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 this body is not embalmed, fact should be so stated above.**