

No. 300
10.48

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7899

36

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5369 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Davies</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheridan Twp. Rural.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sheridan Twp.</u>	
c. LENGTH OF STAY (In this place) <u>8 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>P.O. Hamilton Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. N.W. of Hamilton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Lorene</u>	
		c. (Last) <u>Potts</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 15 1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 12, 1905</u>
9. AGE (In years last birthday) <u>43</u>	Months <u>5</u>	Days <u>3</u>	IF UNDER 1 HS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert W. Carron</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Lawson</u>	
		14. NAME OF HUSBAND OR WIFE <u>Paul Potts</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓ ✓ ✓</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Potts</u> ADDRESS <u>Hamilton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diffuse Carcinomatosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>about</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES (b) <u>Carcinoma left Breast</u>			<u>3 years.</u>
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>170X</u>			
19a. DATE OF OPERATION <u>Jan. 20 1947</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma left Breast extending upward surrounding subcutaneous</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>47</u> , to <u>Mar</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar 15, 1949</u> , and that death occurred at <u>7:45 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Herbert R. Brook M.D.</u>		23b. ADDRESS <u>Hamilton Mo</u>	
		23c. DATE SIGNED <u>3/17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 17, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Hamilton, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3rd March 1949</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Englehart</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grand Funeral Home</u> ADDRESS <u>Hamilton, Mo.</u>	

APR 4 1949

SEP 17 1949

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
Student Embalmer

Signed _____

Licensed Embalmer No. 3052

P. O. Address Hamilton, N.Y.

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.