

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9085

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5672 Registrar's No. 9

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| 1. PLACE OF DEATH a. COUNTY Lincoln | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Burr Oak | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Burr Oak Twshp. | |
| c. LENGTH OF STAY (in this place) life | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION four mile west Winfield | | d. STREET ADDRESS (If rural, give location) 4 mi. west of Winfield | |

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|-------------------------------------|------------------------|--------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Mary | b. (Middle) Ellen | c. (Last) Potts | 4. DATE OF DEATH (Month) - (Day) - (Year) 3 - 30 - 49 |
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|----------------------|-------------------------------|---|----------------------------------|---|------------------------|-----------------------|-----------------------|-----------------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 1/1/1861 | 9. AGE (In years last birthday) 88 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 2 HRS. Hours | IF UNDER 15 MIN. Min. |
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| 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 (State or foreign country) Winfield, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME William Dorsey | 13b. MOTHER'S MAIDEN NAME Zarilda Overall | 14. NAME OF HUSBAND OR WIFE Hiram Parker |
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| 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. none | 17. INFORMANT'S SIGNATURE OR NAME Cora Birkhead | ADDRESS Winfield, Mo. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | |
| | ANTECEDENT CAUSES DUE TO (b) Chronic Nephritis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Cardiac insufficiency | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from July 1, 1948 to March 30, 1948, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) H. L. Kelley D. O. | 23b. ADDRESS Winfield Mo. | 23c. DATE SIGNED 3-31-49 |
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|---|-------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 4/1/49 | 24c. NAME OF CEMETERY OR CREMATORY Overall Cemetery | 24d. LOCATION (City, town, or county) (State) Lincoln (Winfield) Mo. |
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| DATE REC'D BY LOCAL REG. 4-1-49 | REGISTRAR'S SIGNATURE R. A. Neumiller | 25. GENERAL DIRECTOR'S SIGNATURE Charles C. Elshorn | ADDRESS Elshorn Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

57
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Date Filed APR 7 1949
District Health Officer No. 9
GENERAL

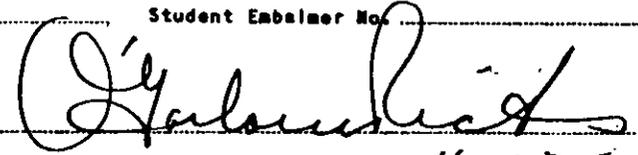
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed 

Licensed Embalmer No. 4012

P. O. Address Edsberry, 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.