

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 19 1949

State File No. **15020**

BIRTH NO. 21001-49 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 178

17733

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

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u> <u>2</u>	
c. LENGTH OF STAY (in this place) <u>9 da.</u>		d. STREET ADDRESS (If rural, give location) <u>Doctor's Hospital</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctor's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Steven</u> b. (Middle) <u>Glenn</u> c. (Last) <u>Potter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>April 24 1949</u>
9. AGE (In years last birthday) <u>9</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 24 HRS. Hours <u>9</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Poplar Bluff Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Glenn Potter</u>		13b. MOTHER'S MAIDEN NAME <u>Donna Lee Campbell</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Glenn Potter Campbell, Ma.</u>		ADDRESS <u>Campbell, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiac failure</u>			
DUE TO (c) <u>congenital heart</u>		<u>1949</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>premature birth (7 mo)</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Poplar Bluff Butler, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>4-20</u> , 19 <u>49</u> , to <u>5-3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-3</u> , 19 <u>49</u> , and that death occurred at <u>4:20</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D.S. Markel M.D.</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>5-12-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 4, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Campbell Missouri</u>
DATE REC'D BY LOCAL REG. <u>May 13, 1949</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Andrew Funeral Home</u>	ADDRESS <u>Campbell, Mo.</u>

MAY 16 REC'D

BUTLER COUNTY HEALTH CENTER

549-104

5-16-49

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 (Not Embalmed)

Licensed Embalmer No. _____

P. O. Address _____

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.