

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16535

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>CALDWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHILLICOTHE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - BRECKENRIDGE</u>	
c. LENGTH OF STAY (in this place) <u>4 DA.</u>		d. STREET ADDRESS (If rural, give location) <u>1 MILE SOUTH BRECKENRIDGE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHILLICOTHE CITY HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u>		b. (Middle) <u>ELIZABETH</u> c. (Last) <u>POTTS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>5/28/1949</u>		5. SEX <u>F</u> 6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>SEPT. 5 1878</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work, done during most of working life, even if retired) <u>HOUSEKEEPING</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPER</u>		11. BIRTHPLACE (State or foreign country) <u>BRECKENRIDGE, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>GILLEY TROSPER</u>		13b. MOTHER'S MAIDEN NAME <u>METILDA ELLEN TROSPER</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.		17. INFORMANT'S SIGNATURE OR NAME <u>DUDE POTTS</u> ADDRESS <u>BRECKENRIDGE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED <u>✓</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Intestinal Obstruction</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chillicothe Riv MO</u>	
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?			
22. I hereby certify that I attended the deceased from <u>5-24-49</u> to <u>May 28 1949</u> that I last saw the deceased alive on <u>May 28, 1949</u> , and that death occurred at <u>7:30 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Donald M. Dowell M.D.</u>		23b. ADDRESS <u>Chillicothe MO</u>	
23c. DATE SIGNED <u>6-1-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/1/1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>TROSPER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BRECKENRIDGE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>June -1-49</u>		REGISTRAR'S SIGNATURE <u>Frances B. Nail</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene C. Michael</u>		ADDRESS <u>BRAVMER, MO.</u>	

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

DISTRICT HEALTH OFFICE
COLUMBIA, Mo.

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.~~

Signed

Gene C. Michael

Signed

~~Student Embalmer~~

Licensed Embalmer No.

4340

P. O. Address

Braymer, 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.