

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19351

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 424 Registrar's No. 48

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Holt | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt | |
| b. CITY (If outside corporate limits, write RURAL and give town) Mound City | | c. CITY (If outside corporate limits, write RURAL and give township) Mound City. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Mattie | b. (Middle) Dean | c. (Last) Potts | 4. DATE OF DEATH (Month) (Day) (Year) July 5 1949 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feby. 25 1880 |
| 9. AGE (In years last birthday) 69 yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | 11. BIRTHPLACE (State or foreign country) Hardin Co. Kentucky |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME J.E. Morman | 13b. MOTHER'S MAIDEN NAME Jane M. Morman |
| 14. NAME OF HUSBAND OR WIFE Lee Otis Potts. | | 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 Lee Otis Potts. | | ADDRESS Mound City, Mo. | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis | | INTERVAL BETWEEN ONSET AND DEATH Several years | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Institutional Nephritis | | 4214 | |
| 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) | |
| 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 June 7, 1949, to July 5, 1949 that I last saw the deceased alive on July 5, 1949 and that death occurred at am m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE F. E. Deagan MD (Degree or title) | | 23b. ADDRESS Mound City Mo | 23c. DATE SIGNED 7-6-49 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7/7/49 | 24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill | 24d. LOCATION (City, town, or county) (State) Fairfax Missouri. |
| DATE REC'D BY LOCAL REG. 7-6-49 | REGISTRAR'S SIGNATURE J. Deagan | 122 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Crawford Mound City Mo |

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



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 *W. H. Crawford*

Licensed Embalmer No. 1824

P. O. Address. Mound City, 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. THE DISTRICT

44715