

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43419

State File No. ....

161

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6128 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>Shannon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>West Eminence</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>West Eminence, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>7 months</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Marion</b> c. (Last) <b>Potter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 4-49</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 8</b>	9. AGE (In years last birthday) <b>35</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>T C Potter</b>		13b. MOTHER'S MAIDEN NAME <b>Charolette Turner</b>		14. NAME OF HUSBAND OR WIFE <b>Lottie Potter</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>B B Shedd Eminence, Mo</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Left ventricular congestive failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9 mos</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>chronic dilatation and hypertrophy</b>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Scrotal hernia</b>		<b>4343</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 Dec 4, 1949, to Dec 4, 1949, that I last saw the deceased alive on Dec 4, 1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Joseph P. Fernandez, B.S., D.C. I.</b>		23b. ADDRESS <b>Eminence, Mo</b>		23c. DATE SIGNED <b>Dec 10, 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <b>Summers</b>	
				24d. LOCATION (City, town, or county) (State) <b>Eminence, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>12-17-49</b>		REGISTRAR'S SIGNATURE <b>B. B. Shedd</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Duncan Funeral Home Mtn View, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12/20/49  
District Health Officer No. 5,  
District File Number 1249802  
Date Filed 12/22/49

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 [Signature]

Licensed Embalmer No. 4328

P. O. Address [Signature]

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.