

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2055

8210

BIRTH NO. _____		REG. DIST. NO. 298		PRIMARY REG. DIST. NO. 3054		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PIKE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUISIANA		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUISIANA		08210	
d. FULL NAME OF HOSPITAL OR INSTITUTION PIKE COUNTY HOSPITAL				d. STREET ADDRESS (If rural, give location) 802 NORTH 8TH. ST			
3. NAME OF DECEASED (Type or Print) a. (First) IRA		b. (Middle) EDWARD		c. (Last) POTTER		4. DATE OF DEATH (Month) (Day) (Year) JAN. 9, 1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	8. DATE OF BIRTH JUNE 7, 1888		9. AGE (In years last birthday) 61	10. IF UNDER 1 YEAR Months 7	11. IF UNDER 4 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN POTTER		13b. MOTHER'S MAIDEN NAME REBECCA ROBINSON		14. NAME OF HUSBAND OR WIFE NELLIE POTTER			
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. 499-07-0878		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Nellie Potter, Louisiana, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial asthma ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last: DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None INTERVAL BETWEEN ONSET AND DEATH 24ix			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		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) (Minute)		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 1-8, 1950, to 1-9, 1950, that I last saw the deceased alive on 1-9, 1950, and that death occurred at 3:38 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Robinson, MD				23b. ADDRESS LOUISIANA, MO		23c. DATE SIGNED 1-9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan 14, 1950		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery, Louisiana, Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Jan 10, 1950		REGISTRAR'S SIGNATURE Bernice Collier 374		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Haley Mortuary, Louisiana, Mo.			

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

MAR 17 1950

RECEIVED
District Health Officer No: 10
District File Number 1-50-1
Date Filed JAN 20 1950

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 Embalmer No.....

Signed Geo. M. Callier

Signed.....
Student Embalmer

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.