U.S. No. 300
Rev. 10.48

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

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9709

State File No.

BIRTH NO. REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5840 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Montgomery, Loutre T.S.P.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rhineland, Mo. Rural
c. LENGTH OF STAY (In this place): 23 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: Montgomery Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rhineland, Mo. Rural
d. STREET ADDRESS (If rural, give location): Loutre T.S.P.

3. NAME OF DECEASED (Type or Print)
a. (First): Mathilda
b. (Middle): Johanna
c. (Last): Pottebaum.

4. DATE OF DEATH (Month) (Day) (Year): March 26th 1950

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 20th 1870
9. AGE (In years last birthday): 80
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Near Rhineland, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Anton Flucht,
13b. MOTHER'S MAIDEN NAME: Johanna Neuhausen,
14. NAME OF HUSBAND OR WIFE: John Pottebaum,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: XX
17. INFORMANT'S SIGNATURE OR NAME: Tony Pottebaum
ADDRESS: Rhineland 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Disease -
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I last saw the deceased alive on* 3-26-, 1950, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Howard Workman
(Degree or title): MD
23b. ADDRESS: Hermann Mo
23c. DATE SIGNED: 3-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 28-1950
24c. NAME OF CEMETERY OR CREMATORY: Starkenburg.
24d. LOCATION (City, town, or county) (State): Near Rhineland. Mo.

DATE REC'D BY LOCAL REG. March 27 1950.
REGISTRAR'S SIGNATURE: Mrs Eunice Bush
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Americus, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 30 1950
District Health Officer No. 9,
District File Number

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 D.B.Baker, Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.