

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36556**

BIRTH NO. _____ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **5353** Registrar's No. **74**

300

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

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elkland RR 2		c. LENGTH OF STAY (In this place) 18 mo.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elkland RR 2		d. STREET ADDRESS (If rural, give location) 0300	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) ALLEN c. (Last) POTTER			4. DATE OF DEATH (Month) (Day) (Year) 11-9-1950		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH 4-11-1948		9. AGE (In years last birthday) 3 IF UNDER 1 YEAR Months 8 Days 0 IF UNDER 1 HR. Hours 0 Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA.	
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13a. FATHER'S NAME Ray Potter		13b. MOTHER'S MAIDEN NAME Elizabeth Fuller		14. NAME OF HUSBAND OR WIFE	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ray Potter ADDRESS Elkland Mo.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart condition				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) in fire in home				29/60	
		DUE TO (c)				16	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No request					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident at home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Elkland Dallas Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 11-9-1950 11 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fire in home	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Buffalo Mo.		23c. DATE SIGNED 11-10-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-12-1950		24c. NAME OF CEMETERY OR CREMATORY Mt Pleasant		24d. LOCATION (City, town, or county) (State) Dallas Co Mo.	
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DATE REC'D BY LOCAL REG. 11/13/50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE L.B. Jones ADDRESS Buffalo Mo.	
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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 14 1950

Dist. File 1150-2278

Date Filed 11-15-50

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.....
Student Embalmer

Signed Leonard B. Jones

Licensed Embalmer No. 2508

P. O. Address Quincy, 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.