

No. 300
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FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9690
Registrar's No. 6

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 4448

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u>	
c. LENGTH OF STAY (in this place) <u>6 mo</u>		d. STREET ADDRESS (If rural, give location) <u>Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McM Nurses Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) _____ c. (Last) <u>Potts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-12-1951</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Oct-26-1866</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 6 HRS: Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Art Teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>			11. BIRTHPLACE (State or foreign country) <u>Canada</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Thomas Potts</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Holland</u>			14. NAME OF HUSBAND OR WIFE _____					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm Potts</u>				ADDRESS <u>Salisbury Mo</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Vascular Accident</u>								INTERVAL BETWEEN ONSET AND DEATH <u>443X</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>in July 1950</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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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 July 18, 1950, to March 8, 1951, that I last saw the deceased alive on March 8, 1951, and that death occurred at 12:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. M. Eselman D.O.</u> (Degree or title)				23b. ADDRESS <u>Huntsville, Mo</u>				23c. DATE SIGNED <u>3/13/51</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-19-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury</u>		24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>	
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DATE REC'D BY LOCAL REG. <u>3-14-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. L. A. Baruhart</u>			25. GENERAL DIRECTOR'S SIGNATURE <u>Geo B Winkler</u>			ADDRESS <u>Salisbury Mo</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: MAR 20 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-57
Date Filed: MAR 20 1951

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 Chas B. Winkelmeyer

Licensed Embalmer No. 38420

P. O. Address Calisbury

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.