

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26480

FILED SEP 1 1951

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>88</u>		PRIMARY REG. DIST. NO. <u>451</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>CRAWFORD COUNTY, MO</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>DILLARD MO</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CRAWFORD COUNT</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DILLARD MO</u> d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PORR BELL</u> b. (Middle) <u>POTTRELL</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>July 28-51</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>		8. DATE OF BIRTH <u>1881</u>	
9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Days <u>9</u>		10. IF UNDER 1 HR. Hours <u>28</u>		11. BIRTHPLACE (State or foreign country) <u>Don't know 9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Don't know 9</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>SIM RITCHARDS</u>			13b. MOTHER'S MAIDEN NAME <u>ALBINA TURNER</u>			14. NAME OF HUSBAND OR WIFE <u>WILLIAM POTTRELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LETYS POTTERELL DILLARD MO</u>			
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) <u>Coronary heart Disease</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>years.</u>
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) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 <u>July 13, 1951</u> , to <u>July 28, 1951</u> , that I last saw the deceased alive on <u>July 28, 1951</u> , and that death occurred at <u>9:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John D. ... M.D.</u>				23b. ADDRESS <u>Steelville, Mo.</u>		23c. DATE SIGNED <u>8-4-51</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) _____		24b. DATE <u>JULY 31-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE (FRAX)</u>		24d. LOCATION (City, town, or county) (State) <u>DILLARD MO</u>	
DATE REC'D BY LOCAL REG. <u>8-28-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>76</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JONAS Y SON STEELVILLE, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

AUG 30 1951

RECEIVED

NOV 12 1958

NOV 12 1958

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 Henry M. Jones

was embalmed

working under my personal supervision.

Student Embalmer No. ....

Signed Henry M. Jones

Signed .....  
Student Embalmer

Licensed Embalmer No. 2438

P. O. Address Steubenville 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.