

X
No. 300
10.48

FILED APR 2 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10830

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 3907 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Remiscot		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Remiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele Route 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Hospital		d. STREET ADDRESS (If rural, give location) Route 2	

3. NAME OF DECEASED (Type or Print)	a. (First) Lois	b. (Middle) Marlen	c. (Last) Poteat	4. DATE OF DEATH (Month) (Day) (Year) Mar 13 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec 15 1937	9. AGE (in years last birthday) 15	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Leonard Poteat	13b. MOTHER'S MAIDEN NAME Fay Lawson	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 Leonard Poteat	ADDRESS Steele Mo Rt 2
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Automobile Wreck		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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.		

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	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway # 61	21c. CITY/TOWN OR TOWNSHIP Steele (COUNTY) Remiscot (STATE) Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 13, 1953 1A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car Wreck, threw her under truck
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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 **1:45A**, from the causes and on the date stated above.

23a. SIGNATURE John St. German Coroner (Degree or title)	23b. ADDRESS Bayti, Mo	23c. DATE SIGNED 3-13-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/14/53	24c. NAME OF CEMETERY OR CREMATORY St Zion	24d. LOCATION (City, town, or county) (State) Steele Mo
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DATE REC'D BY LOCAL REG. 3/28-53	REGISTRAR'S SIGNATURE [Signature]	249-0	FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Holt Funeral Home Blytheville Ark
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

780 3

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3-108-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAR 31 1953

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.....

E. M. Haef

Signed.....
Student Embalmer

Licensed Embalmer No. *4454*

P. O. Address *Blytheville, Ark*

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.