

21227

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED JUN 22 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hermann</b>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hermann</b>		d. STREET ADDRESS (If rural, give location) <b>10th &amp; Vine</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>10th &amp; Vine</b>		d. STREET ADDRESS (If rural, give location) <b>10th &amp; Vine</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>Beard</b> c. (Last) <b>Potts</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 14 53</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 8, 1905</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrical Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Power Co</b>		11. BIRTHPLACE (State or foreign country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Robert Scott Potts</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie May Beard</b>		14. NAME OF HUSBAND OR WIFE <b>Mildred Potts</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY (If res. give war or dates of service) <b>497-01-4782</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mildred Potts, Hermann, Mo</b>	

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		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple myeloma</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? <b>203 x</b> YES <input type="checkbox"/> NO <input 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)
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 4-10-, 1953 to 4-14-53, 19  , that I last saw the deceased alive on 4-13-53, 19  , and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Cavel T. Shaw, M.D.</b>	23b. ADDRESS <b>Hermann, Mo.</b>	23c. DATE SIGNED <b>4-15-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-17-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hermann City Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Hermann Mo</b>

DATE REC'D BY LOCAL REG. <b>JUN 22 1953</b>	REGISTRAR'S SIGNATURE <b>Clyde A. Briles</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>August H. Blum Hermann, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.