No. 300
10.48

590
1

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 27 1953

State File No. 25584

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 5701 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Utica
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): No street address

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Utica 0590
d. STREET ADDRESS (If rural, give location): No street address 0

3. NAME OF DECEASED (Type or Print)
a. (First): MICHAEL
b. (Middle): A.
c. (Last): POTTS

4. DATE OF DEATH (Month) (Day) (Year): July 16, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 2, 1869
9. AGE (In years last birthday): 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Ret.)
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Livingston Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Partick Potts
13b. MOTHER'S MAIDEN NAME: Emily Montique
14. NAME OF HUSBAND OR WIFE: Thresa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: XX
17. INFORMANT'S SIGNATURE OR NAME: Thresa Potts — **ADDRESS**: Utica, Mo.

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) Pneumonia, Terminal, Bronchial — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrage — 7 days
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: 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1949, *to* July 16, 1953, *that I last saw the deceased alive on* July 16, 1953, *and that death occurred at* 2:45 P m, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph A. Conrad M.D.
23b. ADDRESS: Chillicothe, Mo
23c. DATE SIGNED: July 18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: St. Columban Cem.
24d. LOCATION (City, town, or county) (State): Chillicothe, Mo.

DATE REC'D BY LOCAL REG.: July 20, 1953
REGISTRAR'S SIGNATURE: Gertie L. Ewing
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Donald Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.