

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39232

State File No. ....

REC NOV 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5230

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before death) a. STATE <u>Ill.</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN <u>Jackson Mo.</u>		c. CITY OR TOWN <u>Paola Bartlesville</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>Stone Pasture #358</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hosp.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>NELLIE</u>	b. (Middle) <u>POTTS</u>	c. (Last) <u>PRIESTLEY</u>	11	2	1953
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>9-4-1879</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Of kind of work done during most of working life) <u>Retired Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Paola, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13. FATHER'S NAME <u>Wm Potts</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Brender</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kathryn Potts Osawatomie, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GENERALISED LYMPHOSARCOMA</u>		2. ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
3. DUE TO (b)		DUE TO (c)			
11. OTHER SIGNIFICANT CONDITIONS		<u>BILATERAL HYDRONEPHROSIS</u>		<u>2001</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m.; from the causes and on the date stated above.

23a. SIGNATURE <u>David M. Gibson MD</u>		23b. ADDRESS <u>St Luke Hosp. Inc. Kans.</u>		23c. DATE SIGNED <u>11/3/53</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>		24b. DATE <u>11-4-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Paola</u>	
24d. LOCATION (City, town, or county) (State) <u>Paola KS.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Wilson</u>		26. DATE REC'D BY LOCAL REG. <u>11-4-53</u>	
REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		27. ADDITIONAL SIGNATURE <u>Paola</u>		28. ADDITIONAL SIGNATURE <u>Paola</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Removed to Park for  
Embalmng*

JUN 18 1955

SEP 28 1955

**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. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.