

STANDARD CERTIFICATE OF DEATH

FILED NOV 17 1954

BIRTH NO. 79692-54 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, near Prairie</u>		c. CITY OR TOWN <u>CANTONVILLE, MO</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>15 DA</u>		e. STREET ADDRESS (If rural, give location) <u>Rural, 3 mi S.W. Cantonville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi S.W. Cantonville, MO</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>—</u> c. (Last) <u>POTTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 27 1954</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>OCT 12, 1954</u>		9. AGE (In years last birthday) <u>15</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) <u>Cantonville, MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>FRANK POTTS</u>		13b. MOTHER'S MAIDEN NAME <u>GLADYS POINTER</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GLADYS POTTS #1 Cantonville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertrophic Aortic Stenosis</u>		DUE TO (c)		3 wks	
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 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)	
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 27 Oct, 1954, to 27 Oct, 1954, that I last saw the deceased alive on 27 Oct, 1954, and that death occurred at 11 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. Cooke M.D.</u> (Degree or title)		23b. ADDRESS <u>Cantonville, MO</u>		23c. DATE SIGNED <u>11/1/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>RURAL</u>		24b. DATE <u>10/27/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MORGAN RIDGE</u>	
24d. LOCATION (City, town, or county) (State) <u>Cantonville MO</u>		24e. NAME OF FUNERAL HOME <u>Lo Jorg undertaking</u>		24f. ADDRESS <u>Cantonville MO</u>	

DATE REC'D BY LOCAL REG. <u>Nov 3, 1954</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Wilke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lo Jorg undertaking</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-273-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 15 1954

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.....

NOT Embalmed

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles E. Mungle*.....

Licensed Embalmer No. *487*

P. O. Address *Paris, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.