

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **21324**  
Registrar's No. **443**

FILED AUG 9 - 1955 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **4057**

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BUTLER</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GULIN 1</b>		c. LENGTH OF STAY (in this place) <b>12 YEARS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GULIN</b>		6120
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <b>GENERAL DELIVERY</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>RANDALL</b> b. (Middle) <b>J.</b> c. (Last) <b>POTTS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 5-1955</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>SEPT. 22, 1875</b>	9. AGE (In years last birthday) <b>79</b>	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) <b>RETIRED FARM LABOR</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Vincennes Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	

13a. FATHER'S NAME <b>DAVID POTTS</b>	13b. MOTHER'S MAIDEN NAME <b>NANCY J.</b>	14. NAME OF HUSBAND OR WIFE <b>MARTHA ELLEN POTTS</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>431-18-2269</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>W.B. Hillin Silvia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decomposition</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Myocardial Hypertrophy</b>  DUE TO (c) <b>4222</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b>  <b>?</b>
	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) m.	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 **June**, 19**55** to **5 July**, 19**55** that I last saw the deceased alive on **10 June**, 19**55** and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. W. Braden M.D.</b>	23b. ADDRESS <b>321 Oak, Poplar Bluff, Mo.</b>	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7-7-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GULIN CEMETERY GULIN, Mo.</b>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <b>8/4/55</b>	REGISTRAR'S SIGNATURE <b>D. W. Braden</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Russell Piggott</b>	ADDRESS <b>PIGGOTT</b>

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

RECEIVED  
AUG 8 1955

BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leroy J. Tyler  
Licensed Embalmer No. 4941 ME

P. O. Address Duggott 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.