No. 300
30.48

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

FILED OCT 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28910

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar
c. LENGTH OF STAY (In this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Potts Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN: Lamar
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 703 Poplar

0061

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

4. DATE OF DEATH (Month) (Day) (Year): Oct 4 1955

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 29 1860
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months 11, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and State or Foreign Country): Mt. Sterling, Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: William H. Perry
13b. MOTHER'S MAIDEN NAME: Permelia Ann Davis
14. NAME OF HUSBAND OR WIFE: Levi Potts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): xxx
16. SOCIAL SECURITY NO.: xxx
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Gay Potts, Lamar, Missouri

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) Fractured left hip — INTERVAL BETWEEN ONSET AND DEATH: Sept. 20, 1955

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Bronchopneumonia — Oct. 3, 1955
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 9030 20

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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) 004 (STATE)
21d. TIME OF INJURY (Month) Sept (Day) 20 (Year) 1955 (Hour) a.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Fell on floor at home.

22. *I hereby certify that I attended the deceased from* Sept 25, 19 55, *to* Oct. 4, 19 55, *that I last saw the deceased alive on* Oct. 4, 19 55, *and that death occurred at* 5:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE Albert T. Bickel (Degree or title) M.D.
23b. ADDRESS Lamar, Missouri
23c. DATE SIGNED 10/5/55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct 7 1955
24c. NAME OF CEMETERY OR CREMATORY: Cedarville Cemetery
24d. LOCATION (City, town, or county) (State): Dade County, Missouri

DATE REC'D BY LOCAL REG. OCT 6 - 1955
REGISTRAR'S SIGNATURE Marie Konantz 14-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Konantz Funeral Home, Lamar, Missouri

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Norman L. Thompson.....

Licensed Embalmer No...4.81.6

P. O. Address..Lamar, m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.