

STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY OR TOWN St James
c. LENGTH OF STAY (in this place) 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY Stoddard
c. CITY OR TOWN Bloomfield
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 1021

3. NAME OF DECEASED (Type or Print)
a. (First) Jennie b. (Middle) Potts c. (Last) Potts
4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Aug. 28, 1875 9. AGE (In years last birthday) 80 10. UNDER 1 YEAR Months 2 Days 10 11. UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE (Name and address) Unknown Bloomfield, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. — 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Wane Parker - Bloomfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) Anemia DUE TO (c) 593x
II. OTHER SIGNIFICANT CONDITIONS Mentally affected about 2 years
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 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 April 28, 1955 to Nov. 8, 1955, that I last saw the deceased alive on Oct. 27, 1955 and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE C. Hamner, M.D. (Degree and title) 23b. ADDRESS St. James, Mo. 23c. DATE SIGNED 11-9-'55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial - removal 24b. DATE Nov. 11-55 24c. NAME OF CEMETERY OR CREMATORY Bloomfield Cemetery 24d. LOCATION (City, town, or county) (State) Stoddard Co. MO.

DATE REC'D BY LOCAL REG. 11-15-1955 REGISTRAR'S SIGNATURE Ruth B. Powell 479 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Prof. E. Siebeler - St James, Mo.

RECEIVED

Phelps County Health Officer,

County File Number 262

Date Filed NOV 23 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Orville E. Larkhein*

Licensed Embalmer No. *35*.....

P. O. Address *St. James*

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