

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013397
STATE FILE NUMBER

XC-1884956 FILED MAY 15 1958
R# 16289

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 359

| | | | | | |
|---|----------------------------------|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY BUTLER | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY NEW MADRID (on) | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN NEW MADRID | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL | | Length of stay in 1b 10 DAYS | | d. STREET ADDRESS (If outside, give location) NONE | |
| 3. NAME OF DECEASED (Type or print) First WILLIAM Middle (NONE) Last POTTS | | | 4. DATE OF DEATH Month APRIL Day 26 Year 1958 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 3-4-1893 | 9. AGE (In years last birthday) 65 | FUNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SAW MILL OPERATOR | | 10b. KIND OF BUSINESS OR INDUSTRY LUMBER | | 11. BIRTHPLACE (City and state or country) POLK COUNTY, ILLINOIS | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME LOREN D. POTTS | | 13b. MOTHER'S MAIDEN NAME LOUTETTIA J. THORPE | |
| 14. NAME OF HUSBAND OR WIFE NOT APPLICABLE | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWI | | 16. SOCIAL SECURITY NO. 490140957 | |
| 17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO. | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CARCINOMATOSIS OF SKULL, LIVER AND OTHER ORGANS, ORIGIN UNDETERMINED. few | | INTERVAL BETWEEN ONSET AND DEATH UNKNOWN | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 1992 | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION POPLAR BLUFF | | 20g. COUNTY BUTLER | | 20h. STATE MISSOURI | |
| 21. attended the deceased from Death occurred at 11:10 P.M. | | to April 16, 1958 | | to April 26, 1958 | |
| 22a. SIGNATURE Robert S. Cohen ROBERT COHEN, M.D., Chief, Med. Svc. | | 22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO. | | 22c. DATE SIGNED 4-28-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Apr. 29, 1958 | | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | |
| 23d. LOCATION (City, town, or county) Livingston County, Ky | | 23e. (State) Ky | | 24. FUNERAL DIRECTOR Kennedy Funeral Home - Paducah, Ky. | |
| 25. DATE RECD. BY LOCAL REG. 5/10/58 | | 26. REGISTRAR'S SIGNATURE R. M. Moore | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

MAY 13 1958
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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

_____ of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.