

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

58-026650

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 306 Primary Registration District No. 1 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dardenne		c. CITY OR TOWN St. Charles	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway B		d. STREET ADDRESS (If outside, give location) 209 Gray St.	

3. NAME OF DECEASED (Type or print) Kenneth E. Potts			4. DATE OF DEATH July 27, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 30, 1930	9. AGE (In years last birthday) 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Cleaning Co.	11. BIRTHPLACE (City and state or country) St. Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John C. Potts Sr.			14. MOTHER'S MAIDEN NAME Antoinette Mallioux		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-30-1907	17. INFORMANT Address Mrs. Eillen Potts, St. Charles, 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) Suicide		INTERVAL BETWEEN ONSET AND DEATH 9711
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Strychnine Sulphate		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self inflicted
20c. TIME OF INJURY Hour July 26, 1958 a. 7 p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Baldwin Farm
	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Charles Mo.

21. I attended the deceased from **Inquest July 31, 1958** to _____ and last saw her alive on _____
Death occurred at on **July 26, 1958** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marion Muehans Porter		22b. ADDRESS Wentzville Mo July 31-58	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jul. 30, 1958	23c. NAME OF CEMETERY OR CREMATORY St. Chas. Borromeo Ceme-	23d. LOCATION (City, town, or county) (State) St. Chas. County, Mo.
24. FUNERAL DIRECTOR ADDRESS H.C. Dallmeyer & Sons, St. Charles, MO.		25. DATE RECD. BY LOCAL REG. Aug 2-1958	26. REGISTRAR'S SIGNATURE Ed Keitt

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
920
300
1-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 1 8 1958

APR 27 1958 959

AUG 28 1958
VS NOV 15 1958

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 *Frank R Amalou*.....

Licensed Embalmer No. *48*.....

P. O. Address *St. Charles*.....

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.