

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026212

FILED JUL 16 1959

Registration District No. 290 Primary Registration District No. \_\_\_\_\_ Registrar's No. 87

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ft Leonard Wood</b>		Length of stay in lb <b>5 hrs</b>		c. CITY OR TOWN <b>Ft Leonard Wood</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>U.S. Army Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>U.S. Army Hospital</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Richard</b> Middle <b>William</b> Last <b>Potts</b>				4. DATE OF DEATH Month <b>July</b> Day <b>4</b> Year <b>1959</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Cau</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>July 3, 1959</b>		9. AGE (last birthday) <b>-----</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR. Hours <b>5</b> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>X</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>		11. BIRTHPLACE (City and state or country) <b>Ft. Leonard Wood, Mo.</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Gilford William Potts</b>				13b. MOTHER'S MAIDEN NAME <b>Bonnie Sue Rector</b>				14. NAME OF HUSBAND OR WIFE					
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.		17. INFORMANT <b>Gilford W. Potts</b>				Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory Insufficiency</b>										INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Prematurity</b>													
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m.		Month _____ Day _____ Year _____											
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		COUNTY		STATE					
21. I attended the deceased from <b>July 3, 1959</b> to <b>July 4, 1959</b> and last saw him alive on <b>July 4, 1959</b> Death occurred at <b>3:15 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Hans H Baum MD</b> (Degree or title)						22b. ADDRESS <b>Fert Leonard Wood, Mo.</b>				22c. DATE SIGNED <b>7-6-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-7-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>			23d. LOCATION (City, town, or county) <b>Blond Mo</b> (State)						
24. FUNERAL DIRECTOR <b>Sassmanns Supt, Berlin</b> <b>Chetan Sabmann, Blond, Mo.</b> (Licensed Embalmer's Statement on Reverse Side)				25. DATE RECD. BY LOCAL REG. <b>7-6-59</b>		26. REGISTRAR'S SIGNATURE <b>Gula H. Anderson</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed NOT Embalmed  
\_\_\_\_\_

Licensed Embalmer No. 4128

P. O. Address \_\_\_\_\_

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