URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1959

59–039698
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1221

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b 25 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dallas
c. CITY OR TOWN Charity — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) Elkland R.F.D. 1 — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First MAMIE Middle Last POTEET
4. DATE OF DEATH Month Nov. Day 12 Year 1959
5. SEX Female
6. COLOR OR RACE white
7. Married ☑ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH May 26, 1884
9. AGE (last birthday) 75 yrs
IF UNDER 1 YEAR Months 5 Days 18 IF UNDER 24 HR 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 House work
11. BIRTHPLACE (City and state or country) Springfield, Mo.
12. CITIZEN OF WHAT COUNTRY US
13a. FATHER'S NAME Solomon McMillan
13b. MOTHER'S MAIDEN NAME Sarah Ellen Herd
14. NAME OF HUSBAND OR WIFE Everett Poteet
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Everett Poteet Address Elkland Mo R.F.D.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Emphysema, Acute — INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) Arteriosclerotic Heart Disease
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Oct 18, 1959, to Nov 12, 59 and last saw her/him alive on Nov 12 1959
Death occurred at 10:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE L D Callaway (Degree or Title) MD
22b. ADDRESS Springfield, Mo
22c. DATE SIGNED 18 Nov 59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 16, 1959
23c. NAME OF CEMETERY OR CREMATORY Charity cemetery
23d. LOCATION (City, town, or county) (State) Dallas Co. Mo
24. FUNERAL DIRECTOR L.B. Jones ADDRESS Buffalo, mo.
25. DATE RECD. BY LOCAL REG. 11-19-59
26. REGISTRAR'S SIGNATURE Effie G. Meeton

(Licensed Embalmer's Statement on Reverse Side)

VS NOV 23 1959

STATEMENT BY LICENSED EMBALMER

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

or by me, Student Embalmer No. ✓

working under my personal supervision.

Student ✓
Signature of Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo, Ma

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