

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-016037**

FILED VS. APR 26 1960 / 79

STATE FILE NUMBER

Registration District No. 79 Primary Registration District No. 5667 Registrar's No. 61

ENDED

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bedford Township</b>		Length of stay in 1b	c. CITY OR TOWN <b>Elsberrys Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LCM Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>312 N. Second St</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Guy</b> Last <b>Potts</b>			4. DATE OF DEATH Month <b>April</b> Day <b>18</b> Year <b>1960</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/11/1900</b>	9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpentry- retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>RFD Whiteside, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Joseph Anderson Potts</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Weeks</b>	
14. NAME OF DECEASED'S WIFE <b>Marguerite (Lilley)</b>		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. <b>486-14-1041</b>	
17. INFORMANT <b>Wife</b>		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>Medullary Failure</b> DUE TO (b) <b>Transition</b> DUE TO (c) <b>Carcinomatosis (URINARY BLADDER) 6 mos</b> 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 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 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		COUNTY	STATE
21. I attended the deceased from <b>3-4-60</b> to <b>4-18-60</b> and last saw him alive on <b>4-17-60</b> Death occurred at <b>5:50 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Reblackwell D.O.</b>			22b. ADDRESS <b>Troy Missouri</b>		22c. DATE SIGNED <b>4-18-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Apr. 20, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mill Creek</b>		23d. LOCATION (City, town, or county) (State) <b>RFD Silex, Missouri</b>	
24. FUNERAL DIRECTOR <b>O'Carlan Ricks</b>		ADDRESS <b>Elsberry, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-20-1960</b>	26. REGISTRAR'S SIGNATURE <b>Charlotte Leek</b>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

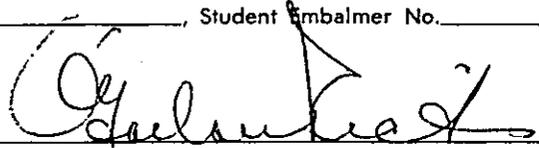
MAR 18 1963

STATEMENT BY LICENSED EMBALMER

MAY 10 1960

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  \_\_\_\_\_

Licensed Embalmer No. 4012

P. O. Address Elsherry

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.