

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED VS JUL 12 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=60-022476
STATE FILE NUMBER

Registration District No. 44 Primary Registration District No. 4060 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Breckenridge		c. CITY OR TOWN Breckenridge ⁰¹⁵⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION city limits 90		d. STREET ADDRESS (If outside, give location) 30 yrs.	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle PATRICK Last POTTS		4. DATE OF DEATH June 19, 1960	
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 March 12, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Nettleton, Mo.
13a. FATHER'S NAME Patrick Potts		13b. MOTHER'S MAIDEN NAME Emily Montique	14. NAME OF HUSBAND OR WIFE Milda H. Potts
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. 494-32-7398	17. INFORMANT Address Mrs. Milda H. Potts, Breckenridge, 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) medullary failure			INTERVAL BETWEEN ONSET AND DEATH several
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Congestion			5 months
DUE TO (c) Myocardial failure 162.1			years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of st bronchus & metastasis to liver			19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 11-21-58 to 6/19/60 and last saw him alive on 6/17/60 Death occurred at 9:22 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (If degree or title) Woodruff		22b. ADDRESS Breckenridge, Mo	22c. DATE SIGNED 6/20/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/22/1960	23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	23d. LOCATION (City, town, or county) (State) Breckenridge, Mo.
24. FUNERAL DIRECTOR ADDRESS Michael Funeral Home, Breckenridge Mo		25. DATE RECD. BY LOCAL REG. 6-29-60	26. REGISTRAR'S SIGNATURE Mrs. Paul Ann Jorgart

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 *Lemb. Michael* _____

Licensed Embalmer No. *4340* _____

P. O. Address *Braymer, Mo.* _____

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.