

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029391

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 33

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 29 1963

VS 300
Rev. 4/59

1 0785
2 0780
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4 21
5 0
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7 1
8 2
9 981X
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12 903
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Caruthersville</u>		Length of stay in 1b	c. CITY OR TOWN <u>Caruthersville</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1206 Vest Ave</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1206 Vest Ave</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Charlie</u> Middle <u>Potts</u> Last <u>Potts</u>			4. DATE OF DEATH Month <u>7</u> Day <u>21</u> Year <u>63</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-27-91</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (City and state or country) <u>Indianola, Miss.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Unk</u>	13b. MOTHER'S MAIDEN NAME <u>Unk</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Lucy Mae Potts</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of serv) <u>Yes</u> <u>WWI</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Lucy Mae Potts Caruthersville</u> Address
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun shot wound in chest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
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)		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Shot while in argument</u>
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20c. TIME OF INJURY Hour <u>11:30</u> a.m. Month, Day, Year <u>7-21-63</u>	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.) <u>1206 Vest, Ave.</u>	20f. CITY, TOWN, OR LOCATION <u>Caruthersville, Pemiscot, Mo.</u>	COUNTY <u>Pemiscot</u>	STATE <u>Mo.</u>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>James G. Johnson, Coroner</u>	22b. ADDRESS <u>Wardell, Mo.</u>	22c. DATE SIGNED <u>7-22-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-26-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Magnolia Cemetery</u>	23d. LOCATION (City, town, or county) <u>Caruthersville Mo.</u>
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24. FUNERAL DIRECTOR <u>Carters Funeral Home C, Ville, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7-23-63</u>	26. REGISTRAR'S SIGNATURE <u>Jack W Tipton</u>
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USE BLACK INK

OR TYPEWRITER RIBBON

JUL 21 1963

AUG 23 1963

SEP 29 1963

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 Noel C. Deaver

Licensed Embalmer No. 3941

P. O. Address Cavertville

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.