

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 1 - 1949

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5354 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Dallas Co Mo</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Route 1 Fair Grove Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Route 1 Fair Grove, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>all life</u>		d. STREET ADDRESS (If rural, give location) <u>at home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hannah Elizabeth Potter</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HANNAH</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>POTTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jun. 11 1944</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 6 - 1871</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Dalb. Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Cafayette Lenhauer</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Covin</u>	14. NAME OF HUSBAND OR WIFE <u>B. G. Potter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.C. Potter</u>	ADDRESS <u>Fair Grove, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>17 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronar thrombosis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>no</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

19a. DATE OF OPERATION <u>April</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 26, 1946, to Jun. 11, 1944, that I last saw the deceased alive on Dec. 10, 1944, and that death occurred at 9 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. W. Bailey M.D.</u>	(Degree or title)	23b. ADDRESS <u>St. Charles Mo</u>	23c. DATE SIGNED <u>Jun 11 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1-13-49 Burial</u>	24b. DATE <u>1-13-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Greene Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-29-49</u>	REGISTRAR'S SIGNATURE <u>Miss J. B. Jones</u>	80	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Klingner & Co.</u>	ADDRESS <u>Spfld. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7
District File Number 22-48-1694
Date Filed 2-29

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
Student Embalmer

Signed Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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 this body is not embalmed, fact should be so stated above.