

Filed NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36429

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1230</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Joseph</u> <u>2</u> township)		c. LENGTH OF STAY (in this place) <u>6</u> years		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>State Hospital #2</u>				d. STREET ADDRESS (If rural, give location) <u>1308 N. 11th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ena</u>		b. (Middle) <u>Warfield</u>		c. (Last) <u>Potter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Dec. 25, 1879</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Schools</u>		11. BIRTHPLACE (State or foreign country) <u>Cameron, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY <u>U S.A.</u>	
13a. FATHER'S NAME <u>Thompson E. Potter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Barr Bassett</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss. Bertha Potter</u>		ADDRESS <u>St. Joseph, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>4 2/3</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Na</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
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? _____			
22. I hereby certify that I attended the deceased from <u>Nov 15, 1948</u> , to <u>11-10, 1949</u> , that I last saw the deceased alive on <u>1-9</u> , 1949, and that death occurred at <u>11:40 a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clarence M. D. O</u>				23b. ADDRESS <u>State Hospital #2, St. Joseph, Mo.</u>		23c. DATE SIGNED <u>11-10-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 12, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 15, 1949</u>		REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u> 382		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Statter Weierhoff 1946 Colhoun St St Joseph, Mo</u>			

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

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, *Albert C. Harrington*

Student Embalmer No. *****

working under my personal supervision.

Student

Student Embalmer

Signed *Albert C. Harrington*

Licensed Embalmer No. 3 258 Missouri

P. O. Address St. Joseph, 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 this body is not embalmed, fact should be so stated above.