

FILED MAR 7 1951

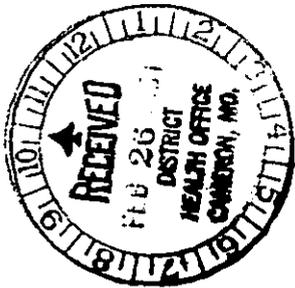
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5847 State File No. 5516
4847 Registrar's No. 50

0740
3

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4847		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY NODAWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NODAWAY			
b. CITY OR TOWN NEAR BURLINGTON JCT		c. LENGTH OF STAY (in this place) 9 YR		c. CITY OR TOWN BURLINGTON JCT.		0749	
d. FULL NAME OF HOSPITAL OR INSTITUTION HIGHWAY ACCIDENT				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH			b. (Middle) SAMUEL			c. (Last) POTTER	
4. DATE OF DEATH (Month) (Day) (Year) FEB 19 1951		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JUNE 17, 1890		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 8 Days 2		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCKER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL		11. BIRTHPLACE (State or foreign country) CEDAR COUNTY MO		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME DANIEL L POTTER		13b. MOTHER'S MAIDEN NAME MARCIA COX		14. NAME OF HUSBAND OR WIFE MAUDE COLE			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS EVA WILLIAMS BURL. JCT. MO			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fire-Truck Collision accident DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8161 26	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no operations				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nodaway Twp.		21c. (CITY, TOWN, OR TOWNSHIP) 074 (COUNTY) Nodaway Mo (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 19-51 6 P.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Collision of trucks on highway			
22. I hereby certify that I attended the deceased from not attended , to _____, 19____, that I last saw the deceased alive on not seen , 19____, and that death occurred at 6-15 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr L A Dean - Coroner MD				23b. ADDRESS Marionville MO		23c. DATE SIGNED 2-22-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-23-51		24c. NAME OF CEMETERY OR CREMATORY AND LOCATION (City, town, or county) (State) OHIO BOOK. JCT. MO			
DATE REC'D BY LOCAL REG. 2-24-51		REGISTRAR'S SIGNATURE Klaus Holt		25. FUNERAL DIRECTOR'S SIGNATURE J. H. HAN		ADDRESS BURL. JCT. MO	

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, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....
J. Khan

Licensed Embalmer No. 2968

P. O. Address Burl. Md.

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.