

FILED MAR 24 1951 STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 116762-51 REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5193 Registrar's No. 25

0680

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

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u> <i>Lupus Mo.</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL LINN</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL LINN</u>		OR TOWN <u>0680</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>NEEY LUPUS Mo.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>KENNETH</u> b. (Middle) <u>GOODY</u> c. (Last) <u>POTTEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-11-1951</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>BA34</u>	8. DATE OF BIRTH <u>MAR. 8 - 1951</u>	9. AGE (In years last birthday) <u>54Y</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>WILBURY POTTEY</u>		13b. MOTHER'S MAIDEN NAME <u>BERNICE WYDELMAN</u>		14. NAME OF HUSBAND OR WIFE <u>W. B. Pottey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Wilbur Pottey</u> ADDRESS <u>Lupus 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>Suffocation</u> ANTECEDENT CAUSES <u>Locked shoulders in Paris</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7610</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rooming house</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Moniteau</u> (COUNTY) <u>Mo.</u> (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 3/21 1951, to 3/21, 1951, that I last saw the deceased alive on 3/21, 1951, and that death occurred at 7:15 PM from the causes and on the date stated above.

23a. SIGNATURE <u>D. H. Barrow</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>3/21/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-11-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEM. CALIFORNIA</u>	24d. LOCATION (City, town, or county) (State) <u>MISSOURI</u>		

DATE REC'D BY LOCAL REG. <u>Mar 13-51</u>	REGISTRAR'S SIGNATURE <u>Yadu M. Sussan</u>	19 <u>51</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Albert Hornbeck's Barrie Home</u> ADDRESS		
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3-23-51

Office

Division

Date 3-23-51

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 to Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home, 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.