

FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15426**

BIRTH NO. _____ REG. DIST. NO. **374** PRIMARY REG. DIST. NO. **4549** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Allendale		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hatfield	
c. LENGTH OF STAY (in this place) 5 months		d. STREET ADDRESS (If rural, give location) 0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) Matilda b. (Middle) Jane c. (Last) Potter			4. DATE OF DEATH (Month) (Day) (Year) 4 1 1951		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 2 20 1863		9. AGE (In years last birthday) 88		IF UNDER 1 YEAR: Months 1 Days 11 IF UNDER 24 HRS. Hours 11 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (State or foreign country) Harrison County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Levi Roach		13b. MOTHER'S MAIDEN NAME Sarah Windsor		14. NAME OF HUSBAND OR WIFE Lafayette Potter	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertrude Baker Allendale, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, bronch		3 weeks	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
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?	

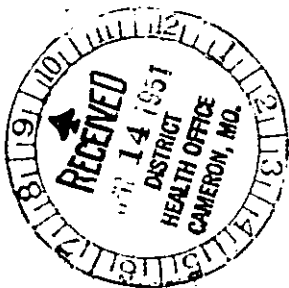
22. I hereby certify that I attended the deceased from _____, 19**47**, to _____, 19**57**, that I last saw the deceased alive on **3/29, 1957**, and that death occurred at **6 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank B. Madison, M.D.		23b. ADDRESS Grant City Mo		23c. DATE SIGNED 4/3/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 3 1951		24c. NAME OF CEMETERY OR CREMATORY Lincoln Center Cemetery	
24d. LOCATION (City, town, or county) Hatfield, Mo.					

DATE REC'D BY LOCAL REG. April 9, 1951		REGISTRAR'S SIGNATURE Arthur E. Lawson 345		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arch C. Dwyer Grant City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Arch C. Trumble*

Licensed Embalmer No. *3252*

P. O. Address *Leant City 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.