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FILED AUG 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23408

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2007 Registrar's No. 365

195

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

| | | | |
|---|--|--|------|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give township) Joplin | c. LENGTH OF STAY (in this place) 62 yrs | c. CITY (If outside corporate limits, write RURAL and give township) Carthage | 1490 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital | | d. STREET ADDRESS (If rural, give location) Rt. 1 | |

| | | | | | |
|--|-------------------|------------------|--|---|------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) Mary | b. (Middle) Susan | c. (Last) Potter | Aug | 5 | 1951 |

| | | | | | | | |
|---------------|------------------------|--|---------------------------------|---------------------------------|------------------------|-----------------------|------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 20, 1888 | 9. AGE (In years (birthday)) 62 | IF UNDER 1 YEAR Months | IF UNDER 2 WKS. Hours | Min. |
|---------------|------------------------|--|---------------------------------|---------------------------------|------------------------|-----------------------|------|

| | | | | | | | |
|---|--|--|--|---|--|----------------------------------|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own home | | 11. BIRTHPLACE (State or foreign country) Noel, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
|---|--|--|--|---|--|----------------------------------|--|

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|-------------------------------|--|--|--|--|--|
| 13a. FATHER'S NAME W. A. Kirk | | 13b. MOTHER'S MAIDEN NAME Belle Little | | 14. NAME OF HUSBAND OR WIFE Fred A. Potter | |
|-------------------------------|--|--|--|--|--|

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|--|-------------------------|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred A. Potter, Rt. 1, Carthage, Mo. | | | |
|--|-------------------------|--|--|--|--|

| | | | | | | | |
|---|--|---|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> | | DUE TO (b) <u>Cerebrovascular accident</u> | | | |
| | | ANTECEDENT CAUSES | | DUE TO (c) <u>Hypertensive Cardiovascular Disease</u> | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) <u>Hypertensive Cardiovascular Disease</u> | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|------------------------|----------------------------------|--|--|--|--|
| 19a. DATE OF OPERATION | 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) | |
| 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 Aug. 3, 1951, to Aug. 5, 1951, that I last saw the deceased alive on Aug. 5, 1951, and that death occurred at P. m., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|--------------------------------|--|
| 23a. SIGNATURE <u>Valerie K. Korhonen</u> (Degree or title) | | 23b. ADDRESS <u>725 Aristo Bldg. Joplin, Mo.</u> | | 23c. DATE SIGNED <u>8-7-51</u> | |
|---|--|--|--|--------------------------------|--|

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|---|---------------------------|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8-8-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial</u> | 24d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u> | | |
|---|---------------------------|--|--|--|--|

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|---|---|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>8-10-51</u> | REGISTRAR'S SIGNATURE <u>Ed. J. James</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Steve Parker Mortuary, Joplin, Mo.</u> | | | |
|---|---|--|--|--|--|

RECEIVED

8/13/51

Jasper County Health Office

County File Number 8-51-640

Date Filed 8/13/51

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

working under my personal supervision.

Student Embalmer No.....

Signed F. M. Jones

Signed.....

Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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