

FILED AUG 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27701**

BIRTH NO. _____ REG. DIST. NO. **230** PRIMARY REG. DIST. NO. **5810** Registrar's No. **40**

5700

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

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Loutre Albion		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Loutre	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION Loutre Township			

3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) BERNARD c. (Last) POTTEBAUM			4. DATE OF DEATH (Month) (Day) (Year) 8-20-1951		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-18-1879	9. AGE (In years last birthday) 72	10. F UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Pottebaum		13b. MOTHER'S MAIDEN NAME Alcida Bucker		14. NAME OF HUSBAND OR WIFE Katherine Pottebaum	
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 Henry J. Pottebaum ADDRESS Mo. Kittrick Missouri	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 2 years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Smility			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 1946, to Aug, 1951, that I last saw the deceased alive on Aug 18, 1951, and that death occurred at 5:00p m., from the causes and on the date stated above.

23a. SIGNATURE John J. Ryan (Degree or title) MD		23b. ADDRESS Mad Hermann Mo		23c. DATE SIGNED 8-21-51	
24a. BURIAL, CREMATION, OR DISPOSITION (Specify) Burial		24b. DATE 8-23-1951		24c. NAME OF CEMETERY OR CREMATORY St. Martin's	
24d. LOCATION (City, town, or county) (State) Starkenberg, Mo.					

DATE REC'D BY LOCAL REG. Aug 25 1951		REGISTRAR'S SIGNATURE Mad. Eunice Bulch		25. FUNERAL DIRECTOR'S SIGNATURE Kottmeyer & Co. - Rhineland Mo. ADDRESS	
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File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 30 1951

RECEIVED

SEP 29 1952

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 D B Baker

Licensed Embalmer No. 3375

P. O. Address Amundson 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.