

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30664**

FILED SEP 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4255 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kingsville</b>		c. CITY (If outside corporate limits, write RURAL, and give township) <b>Kingsville, Missouri</b>	
c. LENGTH OF STAY (in this place) <b>4 yr</b>		d. STREET ADDRESS (If rural, give location) <b>Kingsville, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>at home, Kingsville, Mo.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Latishie</b> b. (Middle) <b>Frances</b> c. (Last) <b>Potter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 18 1951</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Sept 19, 1875</b>		9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR (Month) (Day) (Year) <b>11 29</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (State or foreign country) <b>U</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Hasting</b>		13b. MOTHER'S MAIDEN NAME <b>Adeline Elliott</b>		14. NAME OF HUSBAND OR WIFE <b>George Potter, deceased</b>	
-----------------------------------	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>XXXX</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Pete Pruitt / Pleasant Hill, Mo.</b> ADDRESS <b>4200</b>	
---	--	-------------------------------------	--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>		ANTECEDENT CAUSES (b) <b>4200</b>				5 yrs.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Cerebrovascular accident severe</b>				3 mo	
II. OTHER SIGNIFICANT CONDITIONS (c) <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>							

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) 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 Nov. 1947 to Sept 18, 1951, that I last saw the deceased alive on 9-18, 1951, and that death occurred at 4:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>W. Elliott M.D.</b> (Degree or title)		23b. ADDRESS <b>Pleasant Hill, Mo.</b>		23c. DATE SIGNED <b>9-18-51</b>	
---	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>9/22/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Latour, Missouri</b>	
---	--	--------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <b>9/22/51</b>		REGISTRAR'S SIGNATURE <b>Mrs. James W. Redford</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Canaday &amp; Ropp</b> ADDRESS <b>Holden Missouri</b>	
---	--	--	--	---	--

Deputy L.R. (Licensed Embalmer's Statement on Reverse Side)

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

0510

RECEIVED  
SEP 24 1951  
RECEIVED

JOHNSON COUNTY HEALTH DEPT.

---

---

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 W. R. Conaday

Licensed Embalmer No. 3434

P. O. Address Heldan 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.