

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27689

FILED SEP 3 - 1952

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 482 Registrar's No. 16

360

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY OR TOWN <u>NEW HAVEN</u>	c. LENGTH OF STAY (In this place) <u>6 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAVEN (RURAL)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0360</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRITZ</u> b. (Middle) <u>WILLIAM</u> (Last) <u>POTTHAST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 28 1952</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT 4, 1871</u>	9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>24</u>	11. UNDER 1 MIN. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>WARREN COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
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13a. FATHER'S NAME <u>FRITZ POTTHAST</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE KORFF</u>		14. NAME OF HUSBAND OR WIFE <u>MARY WIEMEYER</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE, OR NAME ADDRESS <u>Alice C. Brinkmeyer</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis with hypertension</u>			6 years	
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Nov. 1946, to Aug 28, 1952, that I last saw the deceased alive on Aug 28, 1952 and that death occurred at 6:20pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. P. Cissness MD.</u>		23b. ADDRESS <u>New Haven, Mo.</u>		23c. DATE SIGNED <u>8/29/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG 30, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SENATE GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>NEW HAVEN MO</u>
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DATE REC'D BY LOCAL REG. <u>8-29-52</u>	REGISTRAR'S SIGNATURE <u>D. Edwin Jung</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. C. Gletig & Son New Haven Mo</u>
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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 me

working under my personal supervision.

Student Embalmer No.

Signed

Carl O. Fertig

Signed.....
Student Embalmer

Licensed Embalmer No. 3385

P. O. Address New Rochelle, N.Y.

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.