

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28238

State File No.

3287

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City "Rural"</u>	
c. LENGTH OF STAY (in this place) <u>12 years</u>		d. STREET ADDRESS (If rural, give location) <u>5320 Willow St. #3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>	b. (Middle) <u>A</u>	c. (Last) <u>Potts</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 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>Married</u>	8. DATE OF BIRTH <u>March 10 1910</u>	9. AGE (In years last birthday) (If under 1 year: Months) (If under 24 hrs.: Days) (Hours) (Min.) <u>42</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ford Motor Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Fairfax, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Lee Otis Potts</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie Dean Mormon</u>	14. NAME OF HUSBAND OR WIFE <u>Mable Potts</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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mable Potts</u>	ADDRESS <u>5320 Willow St #3 mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>58 hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesenteric Phlebotomoses</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Portal vein thrombosis</u> DUE TO (c) <u>Idiopathic Portal Thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>cause unknown</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 July 19, to July 20, 1952, that I last saw the deceased alive on July 19 at 9:20 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Russell V. Kern M.D.</u>	23b. ADDRESS <u>St Joseph Hospital</u>	23c. DATE SIGNED <u>21 July 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 22 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Raley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>York Town IOWA</u>
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DATE REC'D BY LOCAL REG. <u>7-21-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holme</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur Funeral Home</u>	ADDRESS <u>2315 Linwood</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Chas E Weeks

Signed.....
Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *19 E. 210*

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.