

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33952**

NOV 1 1952

BIRTH NO.		REG. DIST. NO. <b>390</b>		PRIMARY REG. DIST. NO. <b>3075</b>		Registrar's No. <b>66</b>	
1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Dexter</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Dexter</b>		1131	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>				d. STREET ADDRESS (If rural, give location) <b>Leota Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hiram</b>		b. (Middle) <b>Sylvester</b>		c. (Last) <b>Potter</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 19, 1952</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 28, 1879</b>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Carpenter</b>		9b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <b>73</b>		10. IF UNDER 1 YEAR Months <b>5</b> Days <b>22</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Puxico, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Marshall Potter</b>		13b. MOTHER'S MAIDEN NAME <b>Joan Hayden</b>		14. NAME OF HUSBAND OR WIFE <b>Ola May Potter</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Griff Potter, Dexter, Mo.</b>			
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, asthma, etc. - It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Arterio-sclerosis.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Seven</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		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 <b>9-19-</b> , 1952, to <b>9-19-</b> , 1952, that I last saw the deceased alive on <b>9-19-</b> , 1952, and that death occurred at <b>6:00 Am.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>L. S. Blawie M.D.</b>				23b. ADDRESS <b>Dexter Mo.</b>		23c. DATE SIGNED <b>9-24-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-21-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Caroline Dowdy</b>		24d. LOCATION (City, town, or county) (State) <b>R.F.D. #3, Dexter, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-25-52</b>		REGISTRAR'S SIGNATURE <b>Volma V. Jenkins</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Strickland-Rainey</b>		ADDRESS <b>Dexter, Mo.</b>	

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

1031

**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 \_\_\_\_\_

Licensed Embalmer No. 2499

P. O. Address \_\_\_\_\_

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.