

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42395

State File No.

5315

No. 300

FILED DEC 20 1952

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

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 8150 X	
c. LENGTH OF STAY (in this place) 35 YEARS		d. STREET ADDRESS (If rural, give location) 5646 SUWANEE ROAD	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LUKE'S HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) KATHRYN		b. (Middle)	
c. (Last) POTTS		4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 3 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUGUST 21, 1888
9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR: Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) DESOTO, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William EDINGER		13b. MOTHER'S MAIDEN NAME MAY LEWIS	
14. NAME OF HUSBAND OR WIFE William H. POTTS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John Neulengrath, 8028 Lee Blvd.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 5 days	
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 11-28, 1952, to 12-3, 1952 ; that I last saw the deceased alive on 12-3, 1952 and that death occurred at 12:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE A. W. Robinson, M.D. (Degree or title) A. W. Robinson M.D.		23b. ADDRESS 4635 Wyandotte, K.C. Mo.	
23c. DATE SIGNED Dec 4 52		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 5, 1952	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 12-5-52	REGISTRAR'S SIGNATURE Seraldina Smith	25. FUNERAL DIRECTOR'S SIGNATURE A. W. Robinson ADDRESS 1231 S. BRUCE AVE. KANSAS CITY, MO.	

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

John B. Lewis

Licensed Embalmer No. 9875

P. O. Address KC 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.