No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8689

State File No.

REC APR 14 1953

BIRTH NO. REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vandalia
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dougherty Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vandalia 0041
d. STREET ADDRESS (If rural, give location): 206 East Page

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): William
c. (Last): Potter

4. DATE OF DEATH (Month) April (Day) 7, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 18, 1901
9. AGE (In years last birthday): 51 — If under 1 year: Months 3, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (City and State or Foreign Country): Saunimin, Illinois
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Henry C. Potter
13b. MOTHER'S MAIDEN NAME: Alice Pavitt
14. NAME OF HUSBAND OR WIFE: Frances Burnett Potter

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.: 495-12-0941
17. INFORMANT'S SIGNATURE OR NAME: Frances Burnett Potter — **ADDRESS**: Vandalia Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension — 4 yrs
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: 331X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 25, 1953, *to* April 8, 1953, *that I last saw the deceased alive on* April 7, 1953, *and that death occurred at* 12 05 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: J M Dougherty (Degree or title) MD
23b. ADDRESS: Vandalia, Mo
23c. DATE SIGNED: 4/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: Vandalia Cemetery
24d. LOCATION (City, town, or county) (State): Vandalia, Missouri

DATE REC'D BY LOCAL REG.: April 9 1953
REGISTRAR'S SIGNATURE: Mallie Fagan
25. FUNERAL DIRECTOR'S SIGNATURE: William B. Waters
ADDRESS: Vandalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 29 1953

JUL 2 7 1955

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 William B. Oates

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.

State of Missouri
County of Andrain ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 8689-53
Local Registrar's No. 11

On this 23rd day of April, 1953 before me appears J. Raymond Dougherty D.O. who, upon his oath, states that the original record of ~~birth~~ death for George William Potter ~~born~~ died April 8th, 1953, in the State of Missouri, and which was filed at Vandalia Mo on April 9, 1953 should be corrected as follows:

Item No. 4 should read April 8 1953
Instead of April 7 1953

Item No. 22 should read MAR 25 1953 to April 8 1953
Instead of March 25 1953 — April 7 1953

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant J. M. Dougherty D.O. None
Relationship.

Dougherty Osteopathic Vandalia Mo
Present Address.

Subscribed and sworn to before me this 23rd day of April, 1953

My Commission expires August 12th 1956 Louise M. Sommers Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1—8-43
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