

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14440

State File No.

2113

FILED MAY 8 1953 BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 18 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen'l Hosp No. 2		e. STREET ADDRESS (If rural, give location) 824 1/2 E. 8th St. 3138	

3. NAME OF DECEASED (Type or Print)	a. (First) Bruce	b. (Middle) Louis	c. (Last) Potete	14. DATE OF DEATH (Month) (Day) (Year)
				Apr. 17, 1953

5. SEX male	6. COLOR OR RACE Colored	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Dec. 31, 1884	9. AGE (in years last birthday) 68	10. UNDER 1 YEAR Months	11. UNDER 1 HRS. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter or Janitor	10b. KIND OF BUSINESS OR INDUSTRY Luggage Factory	11. BIRTHPLACE (City and State or Foreign Country) Guthrie, Oklahoma	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Andrew Potete	13b. MOTHER'S MAIDEN NAME Georgia Martin	14. NAME OF HUSBAND OR WIFE Viola Potete
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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) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Mary E. Horton	ADDRESS Kansas City, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute Pulmonary		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Superior Body Room		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Eg 11/16	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 123	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT OR HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, (room, (street, office, bldg., etc.) 824 1/2 E. 8th	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) N. C. Jackson Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-3-53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Thrash fire.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Thos A Jones (Degree or title) Thos A Jones M.D.	23b. ADDRESS 1612 E 12th	23c. DATE SIGNED 4-20-53
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24a. BURIAL CREMATION, RECEPTION, etc. Burial	24b. DATE 4-21-1953	24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	24d. LOCATION (City, town, or county) (State) 279 Blue Ridge Lawn N.C. Mo.
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DATE REC'D BY LOCAL REG. 4-21-53	REGISTRAR'S SIGNATURE Thos A Jones	FUNERAL DIRECTOR'S SIGNATURE Adkins Bros. F. Horn	ADDRESS N.C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 1 1953

STATEMENT BY LICENSED EMBALMER

JUL 1 1953

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.....
Signature of Student Embalmer

Signed.....
E. Kenneth Howard

Licensed Embalmer No.....
442

P. O. Address.....
2. C. M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.