

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar No. 192

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 (If outside corporate limits, write RURAL and give town or township) Kansas City  
c. LENGTH OF STAY (in this place) 7 Yrs.  
c. CITY OR TOWN Kansas City  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 3607 Paseo  
e. STREET ADDRESS (If rural, give location) 3607 Paseo

3. NAME OF DECEASED  
a. (First) THERESIA  
b. (Middle)  
c. (Last) POTTS  
4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1954

5. SEX Female  
6. COLOR OR RACE White  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2  
8. DATE OF BIRTH Feb. 3, 1875  
9. AGE (In years last birthday) 78  
IF UNDER 1 YEAR Months Days  
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and State or Foreign Country) Switzerland 5  
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John Kim  
13b. MOTHER'S MAIDEN NAME Theresia Smithe  
14. NAME OF HUSBAND OR WIFE James C. Potts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No  
16. SOCIAL SECURITY NO. None  
17. INFORMANT'S SIGNATURE OR NAME Mrs. Harold A. Scott  
ADDRESS K. C. Mo.

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) Acute Cerebral Thrombosis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerosis  
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  
1 day  
6 yrs.  
332X

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION  
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)  
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 Jan 1, 1948, to Jan 12, 1954, that I last saw the deceased alive on Jan 12, 1954, and that death occurred at 11 A. M., from the causes and on the date stated above.

23a. SIGNATURE John K. Caldwell (Degree or title) John K. Caldwell MD  
23b. ADDRESS Kansas City, Mo.  
23c. DATE SIGNED 1/13/54

24a. BURIAL, CREMATION, REMOVAL Removal  
24b. DATE 1-14-54  
24c. NAME OF CEMETERY OR CREMATORY  
24d. LOCATION (City, town, or county) (State) Fair Play, Missouri

DATE REC'D BY LOCAL REG. 1-13-54  
REGISTRAR'S SIGNATURE Geraldine Smith  
25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary  
ADDRESS Kansas City, Mo.

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

1036  
2:30-5  
Carpenter

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.....  
Signature of Student Embalmer

Signed *Clayton R Barnes*.....

Licensed Embalmer No. *47*.....

P. O. Address *F. E., W.*.....

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.