

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12912**

FILED MAY 3 1954

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3923** Registrar's No. **160**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY OR TOWN Sedalia		c. CITY OR TOWN Sedalia Cedar township	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #5		d. STREET ADDRESS (If rural, give location) R.F.D. #5	

3. NAME OF DECEASED (Type or Print) Greene WASSON Potter			4. DATE OF DEATH (Month) (Day) (Year) April 21 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 20-1902		9. AGE (In years) (Months) (Days) (Hours) (Mins.) 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Pettis Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Arthur Lewis Wasson		13b. MOTHER'S MAIDEN NAME Eliza Jane Burnett		14. NAME OF HUSBAND OR WIFE Floyd Potter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Floyd Potter	
				ADDRESS Sedalia R.F.D. #5	

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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Edema of the Lungs		DUE TO (b) Myo-Carditis			24 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Carcinoma of the R. Breast.			1 mo.
II. OTHER SIGNIFICANT CONDITIONS which was removed approximately		5 yrs. ago			5 yrs. ago
Conditions contributing to the death but not related to the disease or condition causing death. Metastasis to the lumbar					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION vertebrae, also to the L. Ileum & to the upper 1/3 of the thigh		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) 170 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19 **10** to **4-21**, 19 **54**, that I last saw the deceased alive on **4-21**, 19 **54** and that death occurred at **3:15 P.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas B. King M.D.		23b. ADDRESS Sedalia, Mo		23c. DATE SIGNED 4-22-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-24-54		24c. NAME OF CEMETERY OR CREMATORY Crown Hill	
		24d. LOCATION (City, town, or county) Sedalia		(State) Mo	

DATE REC'D BY LOCAL REG. 4-24-54		REGISTRAR'S SIGNATURE J. Campbell		25. FUNERAL DIRECTOR'S SIGNATURE Mc Laughlin Bros	
		ADDRESS Sedalia			

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

No. 300
10-48

800
1

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 KPM Cray

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.