

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30147

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. CITY OR TOWN <u>Boonville</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 Months</u>		e. STREET ADDRESS (If rural, give location) <u>Frederick Hotel.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>V.</u> c. (Last) <u>Potts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 26 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 13 1870</u>	9. AGE (In years last birthday) <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>?????</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Thomas Franklin Potts</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Strycher</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Pickard Potts.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-16-1220</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Guy C. Million, Boonville, Mo.</u>

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 <u>RECENT</u>  <u>YEARS</u>  <u>YEARS</u>  <u>2 MONTHS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INFARCTION OF THE MYOCARDIUM.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ADENOCARCINOMA OF RECTUM.</u>			

19a. DATE OF OPERATION <u>7/29/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>ADENOCARCINOMA OF RECTOSIGMOID. 42001H</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 9/23, 1954, to 9/26, 1954, that I last saw the deceased alive on 9/26, 1954, and that death occurred at 6:25 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Hara, MD</u>		23b. ADDRESS <u>329 Main St. Boonville, Mo</u>	23c. DATE SIGNED <u>9/27/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 28 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pawnee City</u>	24d. LOCATION (City, town, or county) (State) <u>Pawnee City, Nebraska.</u>
DATE REC'D BY LOCAL REG. <u>9/28/54</u>	REGISTRAR'S SIGNATURE <u>D. Hooper 3810</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman &amp; Boller, Boonville, Mo.</u>	

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

OCT 22 1948

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 G. F. Boller .....

Licensed Embalmer No. 306

P. O. Address Providence

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.