

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33439

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5354 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>DALLAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DALLAS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fairgrove Rural</u>		c. LENGTH OF STAY (in this place) <u>7.5 yrs</u>	c. CITY OR TOWN <u>Fairgrove Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>RURAL</u>	
3. NAME OF DECEASED a. (First) <u>Rose</u>		b. (Middle) <u>JANE</u>	c. (Last) <u>Potter</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 17 1954</u>		5. SEX <u>F</u> 6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Aug 20, 1875</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Fairgrove Missouri Rural</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Newton J. Bass</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Atkins</u>	
14. NAME OF HUSBAND OR WIFE <u>Elise Potter</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Elise Potter</u> ADDRESS <u>Fairgrove</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute heart failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Shock from intense pain</u> DUE TO (c) <u>Kidney infection & stones</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Decompensation</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Postop adhesion. Left Kidney removed 20 yrs ago</u>	
20a. ACCIDENT SUICIDE HOMICIDE		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		20d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>Oct 15, 1954</u> to <u>Oct 17, 1954</u> , that I last saw the deceased alive on <u>Oct 16, 1954</u> , and that death occurred at <u>KIDAM</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Ed Hammer MD</u>		23b. ADDRESS <u>Buffalo MO</u>	
23c. DATE SIGNED <u>10-20-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-19-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>	
24d. LOCATION (City, town, or county) (State) <u>Dallas Co. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. B. Jones</u> ADDRESS <u>Buffalo, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-21-54</u>		REGISTRAR'S SIGNATURE <u>Ernest Peterson</u>	

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

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..... *Wm. B. Jones*

Licensed Embalmer No.. *432*

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