

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41158**

FILED DEC 27 1954

Registrar's No. **5641**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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| 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 township) Kansas City | | c. CITY OR TOWN Kansas City | d. Is 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) 30 yrs | | e. STREET ADDRESS (If rural, give location) 110 1026 Lydia 316 3 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1026 Lydia | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) Mae c. (Last) Potts | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 7 - 1954 |
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|----------------------|-------------------------------|---|--|---|---|---|
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Mar. 18 - 1890 | 9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) Stanberry Mo. 0 | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Steve Dale | 13b. MOTHER'S MAIDEN NAME Willie Mae Yates | 14. NAME OF HUSBAND OR WIFE Albert Potts |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none | 17. INFORMANT'S SIGNATURE OR NAME Albert Potts ADDRESS 1026 Lydia |
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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, asthma, 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) Acute Myocardial Infarction | | 100 min |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Chronic Nephritis | | 2 yrs 2 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 592X |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION ✓ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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 **March 18, 1954**, to **Dec 7, 1954**, that I last saw the deceased alive on **12/2, 1954**, and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

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| 23. SIGNATURE Z. Miles Nason (Type name or title) | 23b. ADDRESS 771 Breckenridge Blvd. E. C. 6 | 23c. DATE SIGNED 12/7/54 |
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| 24a. BURIAL CREMATION REMOVAL (Specify) Burial | 24b. DATE Dec. 9/54 | 24c. NAME OF CEMETERY OR CREMATORY Sunny Slope | 24d. LOCATION (City, town, or county) (State) Richmond Mo. |
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| DATE REC'D BY LOCAL REG. 12-8-54 | REGISTRAR'S SIGNATURE neve Minshall | 25. FUNERAL DIRECTOR'S SIGNATURE Adkins Funeral Home ADDRESS 2006 E. 12th St. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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 *C. J. Fennell*.....

Licensed Embalmer No. *443*

P. O. Address *.....*

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.