

FILED JUN 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19491**

BIRTH NO. _____ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **4338** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monroe City		c. LENGTH OF STAY (in this place) 2 yrs.	c. CITY OR TOWN Palmyra # 2
d. FULL NAME OF HOSPITAL OR INSTITUTION 621 E Cleveland Street		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) CURTIS c. (Last) POTTERFIELD		4. DATE OF DEATH (Month) (Day) (Year) June 16th 1955	

5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH DECEMBER 30 1867	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 5 Days 17	IF UNDER 24 HRS. Hours 17 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (RET)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Marion County Missouri		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME HENRY A. POTTERFIELD	13b. MOTHER'S MAIDEN NAME Mary Ann Wadsworth	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME James Potterfield ADDRESS Palmyra Mo.
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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) Chronic Myocarditis		7 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility.			

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 **6-11**, 19**55**, to **6-16**, 19**55**, that I last saw the deceased alive on **6-15**, 19**55**, and that death occurred at **11:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE F. N. Sumner (Degree or title) D.O.C.	23b. ADDRESS Monroe City, Mo.	23c. DATE SIGNED 6-18-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-18-1955	24c. NAME OF CEMETERY OR CREMATORY MIVERNON Cemetery	24d. LOCATION (City, town, or county) (State) Marion County Missouri
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DATE REC'D BY LOCAL REG. 6-18-55	REGISTRAR'S SIGNATURE E. L. Robertson 471	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS WILSON & SON, Monroe City, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

690
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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 *Leslie L. Wilson*

Licensed Embalmer No. *301*

P. O. Address *Monroe La.*

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.