

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39609

State File No.

FILED JAN 3 - 1956

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>BARTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>	
b. CITY OR TOWN <u>LAMAR</u>		c. CITY OR TOWN <u>SHELDON</u>	
c. LENGTH OF STAY (in this place) <u>14 WEEKS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARTON COMMEMORIAL HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>1086</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>W</u>	b. (Middle) <u>THOMAS</u>	c. (Last) <u>POTTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 20 1955</u>
-------------------------------------	---------------------	---------------------------	-------------------------	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MARCH 27, 1867</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 1 YEAR Days <u>20</u>	IF UNDER 1 HRS. Hours <u>9</u>	Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DAIRY FARM</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DAIRY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>OSBORN MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>ANDREW J. POTTER</u>	13b. MOTHER'S MAIDEN NAME <u>LYDIA J. POTTER</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. D. S. Levy</u>	ADDRESS <u>Sheldon 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Prostate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>177X</u>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 July, 1950, to Dec 20, 1955, that I last saw the deceased alive on Dec 20, 1955, and that death occurred at 12:20 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herbert M. Arnold MD</u>	23b. ADDRESS <u>Lamar, Mo.</u>	23c. DATE SIGNED <u>12-23-55</u>
--	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC 22-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SHELDON</u>	24d. LOCATION (City, town, or county) (State) <u>VERNON CO. SHELDON MO.</u>
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>DEC 28 1955</u>	REGISTRAR'S SIGNATURE <u>Marie Konantz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>S. Bernard Bony</u>	ADDRESS
---	--	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *S. Bernard Beery*.....

Licensed Embalmer No. *4112*

P. O. Address *S. Sheldon*

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.