

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39980**

BIRTH NO. **9424855** REG. DIST. NO. **21** PRIMARY REG. DIST. NO. **3014** Registrar's No. **118**

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Excelsior Springs</b>		c. LENGTH OF STAY (in this place) <b>7 hrs.</b>	c. CITY OR TOWN <b>Excelsior Springs</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Excelsior Springs Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>Excelsior Springs Hospital</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOE</b>	b. (Middle) <b>BRYANT</b>	c. (Last) <b>POTTER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 20, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 20, 1955</b>	9. AGE (In years last birthday) <b>7</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>7</b> Hours <b>7</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Excelsior Springs Hospital</b>	12. CITIZENSHIP OF WHAT COUNTRY? <b>U S A</b>
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13a. FATHER'S NAME <b>Frank C. Potter</b>	13b. MOTHER'S MAIDEN NAME <b>Ruth Jane Craven</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frank C. Potter, Orrick, MO.</b>	ADDRESS <b>Orrick, MO.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature Labor - lasted 7 hours</b>		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES			
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>(Caesarian Section)</b> DUE TO (c) <b>(due to animal fear)</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7605</b>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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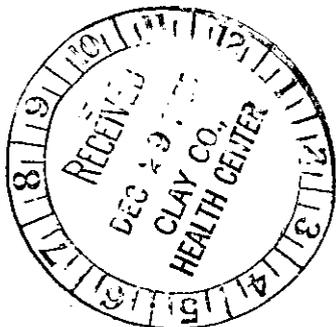
22. I hereby certify that I attended the deceased from **12-20**, 19**55**, to **12/20**, 19**55**, that I last saw the deceased live on **12/20**, 19**55**, and that death occurred at **6:00** m. from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Excelsior Springs, MO</b>	23c. DATE SIGNED <b>12/21/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 21/55</b>	24c. NAME OF CEMETERY OR CREMATOR <b>Crown Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Excelsior Springs, MO.</b>
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DATE REC'D BY LOCAL REG. <b>12/22/55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Virgil Hope - Exc Springs, MO</b>	ADDRESS <b>[Address]</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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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 *James A. Moles*

Licensed Embalmer No. *329*

P. O. Address *Ex. Spring*

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.