

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*Dr. W. J. Busch*  
40237  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1156

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield,</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>	c. CITY OR TOWN <u>Springfield,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1500 Lindberg</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>1500 Lindberg</u>		<u>03470</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tommy</u> b. (Middle) <u>Joe</u> c. (Last) <u>Potter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 24, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>February 8, 1953</u>
9. AGE (In years last birthday) <u>2</u>		10. MONTHS <u>10</u>	11. DAYS <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Lyman L. Potter</u>	
13b. MOTHER'S MAIDEN NAME <u>Opal Bench</u>		14. NAME OF HUSBAND OR WIFE <u>Infant</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>Lyman L. Potter</u>		ADDRESS <u>Springfield,</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION MO. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphatic Leukemia</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) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2040</u>	
18. INTERVAL BETWEEN ONSET AND DEATH <u>2</u>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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>11-14</u> , 19 <u>55</u> , to <u>16-24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-21</u> , 19 <u>55</u> , and that death occurred at <u>11:30</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. J. Busch M.D.</u>		23b. ADDRESS <u>609 Cherry Springfield Mo 65701</u>	23c. DATE SIGNED <u>12-27</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>December 27, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
DATE REC'D BY LOCAL REG. <u>12-27-55</u>	REGISTRAR'S SIGNATURE <u>W. J. Busch</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Corner - Schaff 7 Home</u>	
		ADDRESS <u>Springfield Mo.</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 Everett L. Smith, Student Embalmer No. 52, working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed L. Paulin Gorman

Licensed Embalmer No. 3177

P. O. Address Minneapolis

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.