

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19890

STATE FILE NUMBER

FILED JUN 18 1956

Registration District No. 60 Primary Registration District No. 5235 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Benton Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>El Dorado Spgs.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Montevalls</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>Rt. # 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>McLvin</u> Middle <u>Ray</u> Last <u>Potter</u>				4. DATE OF DEATH Month <u>6</u> Day <u>11</u> Year <u>56</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>3-4-1916</u>		9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Montevalls, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Ray Potter</u>				14. MOTHER'S MAIDEN NAME <u>Maud Fellows</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. <u>49-42-9544</u>		17. INFORMANT Address <u>Mildred Potter - Rt. # 1 - El Dorado Spgs.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bulbar paralysis</u> <u>Electric shock</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>9141</u> DUE TO (c) <u>3</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Contacted electric wire working on grainery</u>						
20c. TIME OF INJURY Hour <u>9:30</u> Month <u>June</u> Day <u>11</u> Year <u>1956</u> a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Near Olympia</u>		20f. CITY, TOWN, OR LOCATION <u>Benton Twp. Cedar</u>		COUNTY <u>Mo</u>		STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>C. Sunderwirth D.O.</u> (Degree or title)				22b. ADDRESS <u>El Dorado Spgs.</u>				22c. DATE SIGNED <u>6-13-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>6-15-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Olive Branch Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Vernon County, Mo.</u>			
24. FUNERAL DIRECTOR <u>Lucina Crothers - El Dorado Spgs, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>6-15-1956</u>		26. REGISTRAR'S SIGNATURE <u>Norma Zimmerman</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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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  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Max W. Seikering*.....

Licensed Embalmer No. *46*

P. O. Address *E. Dorado*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.