

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23912**  
**2769**

FILED JUL 18 1956

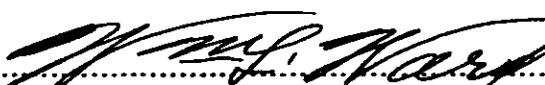
BIRTH NO.		REG. DIST. NO. <b>149</b>	PRIMARY REG. DIST. NO. <b>1002</b>	Registrar's No. <b>2769</b>
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>20 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>	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 <b>Our Lady of Mercy</b>		e. STREET ADDRESS (If rural, give location) <b>310 S. Denver</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>HESTER</b>		b. (Middle) <b>L.</b>	c. (Last) <b>POTTER</b>	4. DATE OF DEATH (Month) <b>June</b> (Day) <b>25</b> , (Year) <b>1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct 25, 1876</b>	9. AGE (In years) <b>79</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 14 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Norborne, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Lewis Schrole</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda Kidd</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Potter</b>	
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>-</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Clara Kidd 310 S. Denver</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Edema.</b> DUE TO (c) <b>Congestive Heart Failure.</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis, gen.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 day</b> <b>2 day</b> <b>1 yr.</b> <b>1 yr.</b>
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) <b>K.C. JACKSON MO</b>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <b>May</b> , 19 <b>54</b> , to <b>6-24</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>6-24</b> , 19 <b>56</b> , and that death occurred at <b>1 A.</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Quentin Cramer</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>332 Prof. Bldg KCMO</b>		23c. DATE SIGNED <b>6/25/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 27, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lee's Summit Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lee's Summit, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-25-56</b>		REGISTRAR'S SIGNATURE <b>Nevar Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Muehlebach Funeral Home 6800 Trost</b>	

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... 

Licensed Embalmer No. 399

P. O. Address 308 E. 68<sup>th</sup>  
N.E. 7th

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.