

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27095

FILED AUG 27 1956

STATE FILE NUMBER 3300

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital			Length of stay in lb 75 Years		d. STREET ADDRESS 4727 Holmes		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Henry Middle Milton Last Potter				4. DATE OF DEATH Month July Day 29 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 19 Jan. 1881		9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grader		10b. KIND OF BUSINESS OR INDUSTRY Landscaping		11. BIRTHPLACE (City and state or country) Kansas City, Missouri.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Polk Potter				14. MOTHER'S MAIDEN NAME Unknown Hansen			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no. or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. X 486-01-6249		17. INFORMANT Address Rose M. Potter 4727 Holmes K.C. Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thromboses DUE TO (c) Coronary arteriosclerosis							INTERVAL BETWEEN ONSET AND DEATH 7/28/56 7/28/56 Indef.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). Generalized arteriosclerosis (yes) 4201							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 8/25/56 to 7/29/56 and last saw her/him alive on 7/29/56 . Death occurred at 5 AM 7/29/56 on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Arnold V. Arms (Degrade or title)				22b. ADDRESS 4635 Wyandotte K.C., Mo.		22c. DATE SIGNED 7/30/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 31 July 1956	23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri.		
24. FUNERAL DIRECTOR ADDRESS FLORAL HILLS MEMORIAL CHAPELS, K.C. Mo.				25. DATE RECD. BY LOCAL REG. 7-30-56		26. REGISTRAR'S SIGNATURE Neva Misskall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Armas

4635 Wyandotte

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 *Ray C McCard*

Licensed Embalmer No. 485

P. O. Address *K.C.*

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.