

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1957

'57 027731  
STATE FILE NUMBER

Registration District No. 57 Primary Registration District No. 4081 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b> ✓			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Bosworth MO.</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Bosworth</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Stella May Potter</b>			Length of stay in lb <b>X</b>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Stella May Potter</b>			First <b>Stella</b>	Middle <b>May</b>	Last <b>Potter</b>	4. DATE OF DEATH <b>August 22, 1957</b> Month <b>August</b> Day <b>22</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>August 28, 1892</b>		9. AGE (In years last birthday) <b>64</b> IF UNDER 1 YEAR: Months <b>11</b> Days <b>24</b> Hours <b></b> Min. <b></b> IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>		11. BIRTHPLACE (City and state or country) <b>Newmanvilles Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13. FATHER'S NAME <b>William Dawson</b>				14. MOTHER'S MAIDEN NAME <b>May Armstrong</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 <b>John Potter</b> Address <b>Bosworth MO.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Circulatory Failure</b>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Pneumonia</b>		DUE TO (c) <b>Cerebral Hemorrhage</b>		<b>331XH</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>Carcinoma of Sigmoid colon + Bladder.</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>							
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 <b>7-31-57</b> to <b>8-22-57</b> and last saw her alive on <b>8-22-57</b> Death occurred at <b>7:00 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Norman F. Harlan D.O.</b> (Degree or title)				22b. ADDRESS <b>Hale, Mo.</b>		22c. DATE SIGNED <b>9-24-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aus. 24, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wharton Cemetry</b>		23d. LOCATION (City, town, or county) (State) <b>5m, S.E. Bosworth MO.</b>		
24. FUNERAL DIRECTOR <b>Leipard &amp; Edwards</b> ADDRESS <b>Bosworth MO.</b>				25. DATE RECD. BY LOCAL REG. <b>Aug. 24, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Pearl Koch</b>	

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 *Ward J. Edwards* .....

Licensed Embalmer No. *372*

P. O. Address *Bonham*

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.