

FILED SEP 5 1957

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 14

300
1-57

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| 1. PLACE OF DEATH a. COUNTY <u>Wayne</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Piedmont</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Piedmont</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | Length of stay in 1b <u>6 yr</u> | d. STREET ADDRESS (If outside, give location) <u>112 S 4th</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Julian</u> Middle <u>Ivan</u> Last <u>Potter</u> | | | 4. DATE OF DEATH Month <u>Aug</u> Day <u>20</u> Year <u>1957</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 16-1881</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (City and state or country) <u>Reynolds Co., Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John Potter</u> | 13b. MOTHER'S MAIDEN NAME <u>Betty Ann Newell</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Vanette Potter</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | 16. SOCIAL SECURITY NO. <u>490-14-0891</u> | 17. INFORMANT Address <u>Mrs Ernest E. Evans Piedmont Mo.</u> |
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| 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>Penicillin lungs carcinoma</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>163x</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) <u>163x</u> |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | 20d. INJURY OCCURRED WHILE AT <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 <u>Piedmont</u> | COUNTY <u>Wayne</u> | STATE <u>Mo</u> |
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| 21. I attended the deceased from <u>Aug 18 57</u> to <u>Aug 20 57</u> and last saw her/him alive on <u>Aug 18 57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated |
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| 22a. SIGNATURE <u>L. E. Evans</u> (Degree or title) | 22b. ADDRESS <u>Piedmont Mo</u> | 22c. DATE SIGNED <u>8-24-57</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8/27/57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u> | 23d. LOCATION (City, town, or county) (State) <u>Piedmont Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>William Cook Piedmont</u> | ADDRESS <u>Piedmont</u> | 25. DATE RECD. BY LOCAL REG. <u>Aug 27-1957</u> | 26. REGISTRAR'S SIGNATURE <u>Hayden Waid</u> |
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(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
All diseases in Part I must be causally related.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 Coder Funeral Home, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723
P. O. Address Bedmont

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.