

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35159

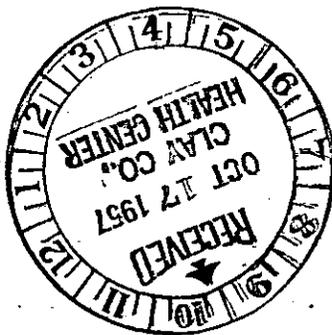
STATE FILE NUMBER

FILED OCT. 21 1957

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 88

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>CLAY</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>EXCELSIOR SPRINGS</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>EXCELSIOR SPRINGS</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 <u>EX. SPRINGS HOSP.</u> | | | Length of stay in lb <u>LIFETIME</u> | | | d. STREET ADDRESS (If outside, give location) <u>719 KENNEDY</u> | |
| 3. NAME OF DECEASED (Type or print) <u>CHARLES CLIFTON POTTER</u> | | | | 4. DATE OF DEATH <u>SEPT. 24 1957</u> | | 5. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>4-2-1896</u> | | 9. AGE (In years last birthday) <u>61</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PLASTERER</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/> | | | 11. BIRTHPLACE (City and state or country) <u>RAY COUNTY, Mo.</u> | |
| 13. FATHER'S NAME <u>WILLIAM POTTER</u> | | | | 14. MOTHER'S MAIDEN NAME <u>ISABELLE ?</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>MRS. DWIGHT WILLS, 712 KENNEDY EXCELSIOR SPRINGS Mo</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>Rt. heart failure</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic emphysema, severe</u> | | | | | | years | |
| 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>5271</u> | | | | | | 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 Month, Day, Year a. m. p. m. | | | | | | | |
| 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 <u>Mar '51</u> to <u>Sept 24, '57</u> and last saw <u>him</u> alive on <u>Sept 24, '57</u> Death occurred at <u>9:15 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>George C Sanders M.D.</u> | | | | 22b. ADDRESS <u>Excelsior Springs, Mo.</u> | | 22c. DATE SIGNED <u>9-27-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>9-26-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL</u> | | 23d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS, Mo.</u> | | |
| 24. FUNERAL DIRECTOR <u>Prichard Funeral Home, Inc.</u> <u>Excelsior Springs, Missouri</u> | | | 25. DATE RECD. BY LOCAL REG. <u>10/14/57</u> | | 26. REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u> | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



OCT 20 1957

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 *Ralph Van Landingham*

Licensed Embalmer No. *40*
Chickering
P. O. Address

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