

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36369**

FILED NOV 8 1957

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 513

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joolin	c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN Galena	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 St. John's Hospital		e. STREET ADDRESS (If rural, give location) R# 1 (Empire Addition)	

3. NAME OF DECEASED (Type or Print)	a. (First) ELMER	b. (Middle) ELDORADO	c. (Last) POTTER	4. DATE OF DEATH (Month) (Day) (Year) Oct. 24 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 27, 1895	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR Months 62	11. UNDER 1 HR. Hours 62	12. UNDER 1 MIN. Min. 62
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY Pb & Zn Mines	11. BIRTHPLACE (City and State or Foreign Country) Aurora, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Madison E. Potter	13b. MOTHER'S MAIDEN NAME Caroline Crosby	14. NAME OF HUSBAND OR WIFE Edna (Wright) Potter
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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) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Potter	ADDRESS Galena, Kansas
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		4 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) 4201A		10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old Pulmonary TB ±		20 yrs -	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION Emphysema	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **23 Oct, 1957**, to **24 Oct, 1957**, that I last saw the deceased alive on **24 Oct, 1957**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert G. Powell	(Degree or title) M.D.	23b. ADDRESS GALENA, KANSAS	23c. DATE SIGNED 10-25-57
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24a. BURIAL CREMATION REMOVAL (Specify) Removal	24b. DATE 10-27-1957	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Galena, Kansas
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DATE REC'D BY LOCAL REG. 11-2-57	REGISTRAR'S SIGNATURE Dove Merriam	25. FUNERAL DIRECTOR'S SIGNATURE Roy P. DeJelt	ADDRESS Galena, Kansas
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Roy L. Derfelt

Licensed Embalmer No. 4945

P. O. Address Salina, Kans

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.