

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44740

STATE FILE NUMBER

FILED DEC 31 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 629

1. PLACE OF DEATH a. COUNTY TASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY CHEROKEE					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Riverton		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. John's Hosp.			Length of stay in 1b		d. STREET ADDRESS Box 13		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) MYRTLE POTTER ANDERSON				4. DATE OF DEATH December 22 - 1957					
5. SEX Female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JAN. 22, 1908		9. AGE (In years last birthday) 49	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Riverton Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Charles A. Potter				14. MOTHER'S MAIDEN NAME Josephine Bosley					
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. 568-01-0467		17. INFORMANT Address Floyde A. Potter Riverton Kansas				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma of Lungs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Adenocar. Left Breast DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH 6 yrs.		
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. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)						
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from 3 Aug 57 , to 22 Dec 57 and last saw her/him alive on 22 Dec 57 . Death occurred at 22 Dec 57 8:00A m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE C. S. Davis M.D. (Degree or title)					22b. ADDRESS Galena, Kansas		22c. DATE SIGNED 12-23-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-24-57		23c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery		23d. LOCATION (City, town, or county) Galena		(State) Kansas	
24. FUNERAL DIRECTOR ADDRESS Ray L. Wesfelt Galena Kansas				25. DATE RECD. BY LOCAL REG. 12-27-1957		26. REGISTRAR'S SIGNATURE Dove Merriam			

Jasper County Health Officer
County File Number 57-13-1097
Date Filed DEC 30 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 Roy L. Derfelt

Licensed Embalmer No. 4945

P. O. Address Malena, Kan.

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.