

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012934

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 352 Primary Registration District No. 4516 Registrar's No. 22

300
-57
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1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Marshall	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Forsyth		c. CITY OR TOWN Melborne	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Motel		d. STREET ADDRESS (If outside, give location) (VanCleve)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b 1 day		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle AUGUST Last POTHAST			4. DATE OF DEATH Month Mar. Day 26 Year 1958		
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5. SEX male	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 Oct. 9, 1881	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 17 Days 1	IF UNDER 24 HRS. Hours 1 Min 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Self employed	11. BIRTHPLACE (City and state or country) Marshall Co. Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME August Pothast	13b. MOTHER'S MAIDEN NAME Minnie Baker Pothast	14. NAME OF HUSBAND OR WIFE Janet Smith Pothast
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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. none	17. INFORMANT Address Harold W. Pothast Melborne, Iowa
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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) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH instant
DUE TO (b) unknown		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		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.) 2
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20c. TIME OF INJURY Hour 6 a.m. am Month 3 Day 26 Year 58	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 Melborne, Iowa	COUNTY Marshall	STATE Iowa
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21. I attended the deceased from Death occurred at 6 am on 3-26-58 and last saw him alive on 3-26-58 m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Walter S. Cobb coroner	22b. ADDRESS Forsyth mo	22c. DATE SIGNED 4-2-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3-27-58	23c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery	23d. LOCATION (City, town, or county) (State) Melborne, Iowa
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24. FUNERAL DIRECTOR Charles V. Ryan, Melborne, Iowa	25. DATE RECD. BY LOCAL REG. 4-9-58	26. REGISTRAR'S SIGNATURE Helew Campbell
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(Licensed Embalmer'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.

JUN 25 1958

RECEIVED
JUL 16 1958
MS SEP 8 1958
MS SEP 11 1958
MS OCT 1 1958
MS OCT 5 1958

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 *Walter S. Cobb*

Licensed Embalmer No. *4731*
P. O. Address *Boonville, Mo.*

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.