

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017668  
State File No. ....

FILED JUN 9 1958

BIRTH NO. ....		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u> c. LENGTH OF STAY (in this place) <u>6 wks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> c. CITY OR TOWN <u>Boonville</u> <u>0270</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>407 Walnut</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>JOSEPHINE</u> c. (Last) <u>POTTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 5, 1958</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 12, 1888</u>		9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boonville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Schuster</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Stretz</u>		14. NAME OF HUSBAND OR WIFE <u>W. A. Potter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. A. Potter Boonville, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Heart Disease</u> (b) <u>(1) Pulmonary Infarction - right lung</u> (c) <u>(2) Mesenteric Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 months</u> <u>3 weeks</u> <u>5 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>4200</u>			
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?			
22. I hereby certify that I attended the deceased from <u>5-10-58</u> , to <u>6-5-58</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>6-5-58</u> , 19 <u>58</u> , and that death occurred at <u>3:55</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. M. Stuart, M.D.</u>				23b. ADDRESS <u>329 Main, Boonville, Mo</u>		23c. DATE SIGNED <u>6/6/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 7, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6/7/58</u>		REGISTRAR'S SIGNATURE <u>D. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bert Thacker Boonville, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MS  
SEP 9  
1960

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

Berry W. Thacker

Licensed Embalmer No.

3944

P. O. Address

Donoville

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.