

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018441

STATE FILE NUMBER

FILED JUN 11 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2688

300

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1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSASCITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN INDEPENDENCE 7005		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL			Length of stay in lb 5 days		d. STREET ADDRESS (If outside, give location) 9328 E. 17th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MIDDLE Last JOHN HENRY POTT Jr.				4. DATE OF DEATH Month Day Year MAY 25, 1958					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3-30-89		9. AGE (In years) 69		10. FUNDING YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRAFFIC MAN *RETIRED			10b. KIND OF BUSINESS OR INDUSTRY STANDARD OIL		11. BIRTHPLACE (City and state or country) QUINCY, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JOHN H. POTT			13b. MOTHER'S MAIDEN NAME ELISE RIEPL			14. NAME OF HUSBAND OR WIFE MARIE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or service) YES WW I			16. SOCIAL SECURITY NO. 487-10-0632A		17. INFORMANT Address Official Records VA Hospital, K.C., Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral edema							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Astrocytoma, right temporal lobe of brain							1930		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive cardiovascular disease							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 May 20, 1958 to May 25, 1958 and last saw him die on Death occurred at 3:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE ROBERT FLINNE <i>Robert Flinne</i>				22b. ADDRESS M.D. VA Hospital, K.C., Mo.			22c. DATE SIGNED 5-26-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 28, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Kansascity Missouri				
24. FUNERAL DIRECTOR Geo. C. Carson, Indep. Mo.			25. DATE RECD. BY LOCAL REG. 5-27-58		26. REGISTRAR'S SIGNATURE Neva Marshall				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Raymond P. Lohman*

Licensed Embalmer No. *4266*

P. O. Address *Indep. 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.