

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021610

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 706

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE North Carolina COUNTY Lenoir		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kinston		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners		Length of stay in lb 13 days	d. STREET ADDRESS Route 6 Box 90 (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jessie Middle Burney Last Potter			4. DATE OF DEATH Month July Day 9 Year 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 Feb. 28, 1908		9. AGE (In years last birthday) 50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Well digger		10b. KIND OF BUSINESS OR INDUSTRY Labor	11. BIRTHPLACE (City and state or country) Kinston, North Carolina		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Potter (deceased)		13b. MOTHER'S MAIDEN NAME Annie (unknown) Potter		14. NAME OF HUSBAND OR WIFE Anne Antwine Potter	
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. unknown		17. INFORMANT Files - MCFP, Springfield, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia					INTERVAL BETWEEN ONSET AND DEATH 4 weeks
DUE TO (b) Suspected metastatic malignancy					4 months
DUE TO (c) Hypertensive cardiovascular disease 1992					
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 <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. Month, Day, Year _____		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 Kinston		COUNTY North Carolina	STATE
21. Medical death from June 26, 1958 to July 9, 1958 and last saw him alive on July 9, 1958 Death occurred at 10:22 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. A. Hunter, M.D.</i>			22b. ADDRESS Medical Center for Federal Prisoners, Springfield, Missouri 7-10-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-11-58	23c. NAME OF CEMETERY OR CREMATORY Unknown		23d. LOCATION (City, town, or county) (State) Kinston, North Carolina
24. FUNERAL DIRECTOR AYRE-GOODWIN, SPRINGFIELD, MO.			25. DATE RECD. BY LOCAL REG. 7-10-58	26. REGISTRAR'S SIGNATURE <i>E. J. Mellon</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Gene B. Hunt*

Licensed Embalmer No. *4734*
P. O. Address *Sylva, N.C.*

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.