

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044654
STATE FILE NUMBER

FILED DEC 23 1958 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 238

300
-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Webb City 0492
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hosp.		Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) 1018 W. Austin
3. NAME OF DECEASED (Type or print) First Middle Last John W. Potter			4. DATE OF DEATH Month Day Year Dec. 17, 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. 24, 1895
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype operator	11. BIRTHPLACE (City and state or country) Webb City, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype operator		10b. KIND OF BUSINESS OR INDUSTRY News paper Co.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Potter		13b. MOTHER'S MAIDEN NAME Maretta Wardell	14. NAME OF HUSBAND OR WIFE Georgia S. 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. 487-03-8832	17. INFORMANT Georgia S. Potter 1018 W. Austin St Webb City, 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) <u>Acute Circulatory Failure</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Decompensated Systemic Heart Disease</u>			ONSET AND DEATH 1 minute
DUE TO (c) <u>Atherosclerosis</u>			2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x			2 years
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 Month, Day, Year a.m. p.m.			
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 COUNTY STATE
21. I attended the deceased from 3-2-57 to 12-17-58 and last saw him alive on 12-16-58 Death occurred at 2:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. F. Gregory (Degree or title) D.O. 2		22b. ADDRESS Webb City, Mo.	22c. DATE SIGNED 12-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/19/1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope CEM	23d. LOCATION (City, town, or county) (State) Webb City MO
24. FUNERAL DIRECTOR Johnston Arnce Simpson Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 12-19-58	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

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 _____

Licensed Embalmer No. 4463

P. O. Address 404 St. J.

**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.**