

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001010

STATE FILE NUMBER

FEB 2 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY GREENE	
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 SPRINGFIELD
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 743 S. FREMONT		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 43 S. FREMONT
3. NAME OF DECEASED (Type or print) First ROSA Middle T. Last POTTER			4. DATE OF DEATH Month JAN. Day 23 Year 1959
5. SEX FEMALE	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 MARCH 2 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 67
11. BIRTHPLACE (City and state or country) GREENE COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILLIAM H. RATHBONE		13b. MOTHER'S MAIDEN NAME EMMA FIELDER	
14. NAME OF HUSBAND OR WIFE DR. A.E. POTTER (DEC.)		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. NO		17. INFORMANT DWIGHT LAWSON	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation		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) _____		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		9160 15	
20a. ACCIDENT <input checked="" 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.) She was found in her home. She was in kitchen on the floor and coffee had burned through the floor and old papers. Probably dead for one to two hours.		
20c. TIME OF INJURY Hour 7:00 p.m. Month Jan Day 23 Year 1959	20d. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.) home		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Springfield, Greene, Missouri		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at approx 7:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph H. Thieim Coroner		22b. ADDRESS Springfield, Missouri	
22c. DATE SIGNED 25 Jan 59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1/27/59	23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK	23d. LOCATION (City, town, or country) (State) SPRINGFIELD, MO.
24. FUNERAL DIRECTOR H.H. LOHMEYER		ADDRESS SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. 1-26-59
26. REGISTRAR'S SIGNATURE Effie G. Melton			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 26 1955

OCT 29 1959

DEPT. OF HEALTH
S.M.

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 *L. McC...*

Licensed Embalmer No. *2727*

P. O. Address *...*

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.