Health, Welfare Public Service

300 C 1-57

FILED FEB 16 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005198
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 147

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Burge Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield 0391 — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 2231 N. Ramsey — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: WILBUR Middle: M. Last: POTTER

4. DATE OF DEATH: Month February Day 9 Year 1959

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 19 August 1913

9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Paper Cup Factory

11. BIRTHPLACE (City and state or country): Webster County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Henry Potter

13b. MOTHER'S MAIDEN NAME: Ola Morton

14. NAME OF HUSBAND OR WIFE: Tressie Potter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 493-16-2421

17. INFORMANT: Hospital Records Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchogenic carcinoma right lung with metastasis to heart and left lung.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1621

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 10/17/1956, to 2/9/59 and last saw him alive on 2/9/59
Death occurred at 11:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John W. Polk, MD (Degree or title)

22b. ADDRESS: Springfield, Missouri

22c. DATE SIGNED: 2/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2/11/59

23c. NAME OF CEMETERY OR CREMATORY: White Chapel Cemetery

23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR: J.W.KLINGNER & CO. ADDRESS: SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.: 2-12-59

26. REGISTRAR'S SIGNATURE: Effie F. Melton

jhc

(Licensed Embalmer's Statement on Reverse Side)

VS FEB 19 1959

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 Glen D. Williams

Licensed Embalmer No. 4651

P. O. Address Springfield

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.