

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006326

STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 60

300
1-57

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe, Mo		c. CITY OR TOWN Chillicothe, Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hosp.		d. STREET ADDRESS (If outside, give location) 1011 Elm	
3. NAME OF DECEASED (Type or print) First MIDDLE Last CATHRINE M. POTTS		4. DATE OF DEATH Month Day Year Feb. 19, 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 Oct. 21, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (In years last birthday) 67
11. BIRTHPLACE (City and state or country) Livingston County Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WENTLEY MILLER		13b. MOTHER'S MAIDEN NAME LENA SCHRADER	
14. NAME OF HUSBAND OR WIFE (Edward; Deceased)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO. 488-22-1065		17. INFORMANT Henry L. Potts 9611 Miriam 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) Shock Severe DUE TO (b) Surgery for Lymphosarcoma DUE TO (c) (Retropneumonia) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2001			INTERVAL BETWEEN ONSET AND DEATH 26 hrs. 40 hrs.
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 Chillicothe, Mo		20g. COUNTY STATE	
21. I attended the deceased from Jan. 15 - 59 to Feb. 19 - 59 and last saw her alive on Feb. 19 - 59 Death occurred at 2 A M on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joseph G. Conrad M.D.		22b. ADDRESS Chillicothe, Mo	
22c. DATE SIGNED Feb. 21 - 59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Feb. 21, 1959		23c. NAME OF CEMETERY OR CREMATORY Catholic	
23d. LOCATION (City, town, or county) Chillicothe, Missouri		24. FUNERAL DIRECTOR Donald F. Gordon, Chillicothe, Mo	
25. DATE RECD. BY LOCAL REG. 2-21-59		26. REGISTRAR'S SIGNATURE Frances B Neill	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Richard H. Bandall*

Licensed Embalmer No. *4866*

P. O. Address *Chillicothe*

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.