

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014292  
STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 81

100  
-57  
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1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crawford Township		c. CITY OR TOWN Jefferson City 0760	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Linn Manor Rest Home		d. STREET ADDRESS Star Rt No 2	
3. NAME OF DECEASED (Type or print) First Middle Last EUGENE JAMES POTEET		4. DATE OF DEATH Month Day Year MAY 3 1959	
5. SEX male	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 July 30, 1858
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer		10b. KIND OF BUSINESS OR INDUSTRY Engineer	9. AGE (In years last birthday) 100
11. BIRTHPLACE (City and state or country) Harrisonville, Ill		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Stephen Poteet		13b. MOTHER'S MAIDEN NAME Elizabeth James	
14. NAME OF HUSBAND OR WIFE Augusta Bramkop (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. <del>XXXXXXXX</del>		17. INFORMANT Mr Stephen W. Poteet	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Medullary Failure</i> DUE TO (b) <i>Atherosclerosis generalized</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4560		INTERVAL BETWEEN ONSET AND DEATH 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 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 <i>Mar 1, 59</i> to <i>May 3, 59</i> and last saw <sup>her</sup> <sub>him</sub> alive on <i>May 3, 59</i> . Death occurred at _____ m on the day stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Thomas W. Baldwin D.O.</i>		22b. ADDRESS <i>Linn</i>	
22c. DATE SIGNED <i>5/4/59</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>5/5/59</i>		23c. NAME OF CEMETERY OR CREMATORY	
23d. LOCATION (City, town, or county) <i>St Louis Mo</i>		24. FUNERAL DIRECTOR <i>Glyde Morton</i>	
25. DATE RECD. BY LOCAL REG. <i>5/5/59</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. Glyde Morton</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS  
TAN S C 1931A  
DEPT OF HEALTH SA

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 *Vernon M. Morton* .....

Licensed Embalmer No. *4125* .....

P. O. Address *Linn Mo* .....

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.