THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021012
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 585

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Burge — Length of stay in Hospital: 12 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stone
c. CITY OR TOWN Hurley — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 1040 (If outside, give location) — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First: Martha Middle: Ellen Last: Potter

4. DATE OF DEATH Month Day Year: June 12 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Jan 1 1951
9. AGE (In years last birthday): 8 — 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): Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Aurora, Missoiri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Potter
13b. MOTHER'S MAIDEN NAME: Beulah Snodgrass
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs William Potter Address: Hurley, Missouri

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) Pneumonia Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 2d.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (Rheumatoid arthritis — 8 yr.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pleurisy 7220
19. WAS AUTOPSY PERFORMED? YES [✓] NO [ ]

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 6-11-59 to 6-12-59 and last saw her alive on 6-12-59
Death occurred at 8 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Urban Busick (Degree or title) MD
22b. ADDRESS Springfield, Mo
22c. DATE SIGNED 6-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6/12/59
23c. NAME OF CEMETERY OR CREMATORY: Short
23d. LOCATION (City, town, or county) (State): Hurley, Missouri

24. FUNERAL DIRECTOR ADDRESS: Manlove Funeral Home Crane, Mo
25. DATE RECD. BY LOCAL REG.: 6-15-59
26. REGISTRAR'S SIGNATURE: Effie G. Melton

URBAN BUSICK

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Antecedents 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 L. Dwalin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, M

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.