

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021642

FILED JUL 8 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 2959 Registrar's No. 2959

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSP.		Length of stay in lb 40 YRS.	d. STREET ADDRESS (If outside, give location) 4124 LOCUST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MIDDLE LAST HUGH POTTS			4. DATE OF DEATH Month Day Year JUNE 16, 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 5, 1879	9. AGE (In years) 80 1/2 YR	IF UNDER 1 YEAR Months Days Hours Min.
10a. OCCUPATION (Give kind of work done) TAXI CAB METER MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) CORRIGAN TEXAS	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JOHN POTTS		13b. MOTHER'S MAIDEN NAME SARAH ADAMS		14. NAME OF HUSBAND OR WIFE LUCY POTTS	
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. 487 07 7288		17. INFORMANT MRS. LUCY POTTS 4124 LOCUST ST. K. C. MO. Address	

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>Arterio sclerotic heart disease with congestive failure</i>			INTERVAL BETWEEN ONSET AND DEATH 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arterio sclerosis</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) <i>Arterio sclerosis</i>			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 <i>By 91 Automobile</i>		
20c. TIME OF INJURY Hour a.m. p.m.			20d. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg., etc.) <i>4200</i>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION KANSAS CITY		COUNTY MISSOURI		STATE	
21. I attended the deceased from <i>April 12, 1956</i> to <i>June 16, 1959</i> and last saw him alive on <i>June 15, 1959</i> Death occurred at <i>8:00 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>D. S. Ketter</i>				22b. ADDRESS <i>Kansas City, Mo</i>		22c. DATE SIGNED <i>6/16/59</i>			

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JUNE 18, 1959		23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI		23e. STATE	
24. FUNERAL DIRECTOR <i>D W Newcome's Sons, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>6-17-59</i>		26. REGISTRAR'S SIGNATURE <i>Wendy Marshall</i>			

MEDICAL CERTIFICATION

CORRECTED
 BY AFFIDAVIT
 4-5-60
 4-18-60
 4-18-60

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 *Raymond M. Ha*

Licensed Embalmer No. *4*

P. O. Address *D. Dep*

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.