

**R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS JUL 20 1959**

**59-026151**  
 STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 237

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pettis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Sedalia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1635 West 7th Street</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1301 Heard</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>BEATRICE EMARIE POTTER</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>July 14, 1959</u>			
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>10-5-1880</u>	<b>9. AGE (last birthday)</b> <u>58</u>	<b>IF UNDER 1 YEAR</b> Months Days Hours Min.	<b>IF UNDER 24 HR</b> Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Sedalia, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>James C. Butler</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Laura Gregg</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Dean O. Potter</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT</b> Address <u>Dean O. Potter, Sedalia, Missouri</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adeno Carcinoma Uterus</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>-</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> (but not related to the terminal disease condition given in PART I (a)) <u>Kansas City June 1959 - Operated N.Y. Hosp. - abdominal metastases</u>		<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>
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<b>20c. TIME OF INJURY</b> Hour a.m. p.m. <u>7:35 a.m.</u>	<b>Month, Day, Year</b> <u>7/14/59</u>
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	<b>20f. CITY, TOWN, OR LOCATION</b> <u>Sedalia</u>	<b>COUNTY</b> <u>Pettis</u>	<b>STATE</b> <u>Missouri</u>
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**21. I attended the deceased from** March 30/59 to July 14/59 and last saw her alive on July 13-1959  
 Death occurred 2:35 a.m. on 7/14/59 on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> <u>Dr. Beckenmeyer M.D.</u>	<b>(Degree or title)</b>	<b>22b. ADDRESS</b> <u>500 W 16 Sedalia Mo</u>	<b>22c. DATE SIGNED</b> <u>7/15/59</u>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>July 16, 1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Crown Hill</u>	<b>23d. LOCATION</b> (City, town, or county) <u>Sedalia, Missouri</u>
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<b>24. FUNERAL DIRECTOR</b> <u>D. W. Heckart, Sedalia, Missouri</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>7-15-1959</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Frances Shelby</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*D. L. Maffey*

Licensed Embalmer No. 5063

P. O. Address Paducah, Ky.

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.