

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002280

FILED VS JAN 19 1960 167

Registration District No. \_\_\_\_\_ Primary Registration District No. 4256 Registrar's No. 4

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Johnson</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Holden</b>		Length of stay in 1b <b>10 years</b>		c. CITY OR TOWN <b>Holden</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Smead Nursing Home</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>E. 58 Highway</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Garrett</b> Middle <b>Louis</b> Last <b>Potter</b>				4. DATE OF DEATH Month <b>January</b> Day <b>10</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-6-1877</b>		9. AGE (last birthday) <b>82</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (City and state or country) <b>Bowling Green, Ky.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA.</b>					
13a. FATHER'S NAME <b>Joseph Potter</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Osborne</b>				14. NAME OF HUSBAND OR WIFE <b>Alfreda Hastings Potter</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>				16. SOCIAL SECURITY NO. <b>492-18-2093</b>		17. INFORMANT <b>Sidney A. Prewitt</b>		18. <b>Resant Hill, MO</b> <b>219 N. McKissick.</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <b>Inanition &amp; debilitation</b>										<b>days</b>			
DUE TO (b) <b>Sarcinomas</b>										<b>weeks</b>			
DUE TO (c) <b>Primary Hodgkins sarcoma of axillary glands.</b>										<b>months</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m.		Month, Day, Year _____											
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 <u>Dec. 21, 1956</u> to <u>Jan. 8, 1960</u> and last saw her <u>him</u> alive on <u>Jan. 8, 1960</u> Death occurred at <u>10<sup>00</sup> P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Thomas P. W. Scott D.O.</b>						22b. ADDRESS <b>Holden, Missouri</b>			22c. DATE SIGNED <b>1-11-60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>Jan. 13, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Holden Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Holden, Mo.</b>						
24. FUNERAL DIRECTOR <b>E B CAST HOLDEN MO</b>				25. DATE RECD. BY LOCAL REG. <b>1-14-60</b>		26. REGISTRAR'S SIGNATURE <b>Ms. G. W. Redford</b>							

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 *[Handwritten Signature]*

Licensed Embalmer No. 4059

P. O. Address Hadden, N.

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.