

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005982

LED VS FEB 19 1960 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 32

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Grundy</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Trenton</b>		Length of stay in 1b		c. CITY OR TOWN <b>Trenton</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>Wright Memorial Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>706 W. Crowder Rd.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Elmer</b> Middle <b>Floyd</b> Last <b>Potts</b>				4. DATE OF DEATH Month <b>Feb</b> Day <b>13</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>6/6/1893</b>	9. AGE (last birthday) <b>66</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>Retired Railway Conductor</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Transportation</b>		11. BIRTHPLACE (City and state or country) <b>Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>FRANK Potts</b>			13b. MOTHER'S MAIDEN NAME <b>Hattie Jameson</b>			14. NAME OF HUSBAND OR WIFE <b>Ada Potts.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>707-16-6040</b>		17. INFORMANT <b>Ada Potts, Trenton, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
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"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <b>Feb 13th 1960</b> to <b>Feb 15th 1960</b> and last saw him/her alive on <b>Feb 13th 1960</b> Death occurred at <b>2:45 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Oliver F. Duffy M.D.</b>			22b. ADDRESS <b>Trenton Mo</b>			22c. DATE SIGNED <b>Feb 15th 1960</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2/15/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Grove Cemetery</b>		23d. LOCATION (City, town, or county) <b>Trenton, Mo.</b>			
24. FUNERAL DIRECTOR <b>Gordon Bladner Trenton, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>2-15-60</b>		26. REGISTRAR'S SIGNATURE <b>Jenee Fair</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

O.F. Duffy M.D.

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1960

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 Clark H. Crandall

Licensed Embalmer No. 4986  
P. O. Address Trenton,

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.