DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-007551
STATE FILE NUMBER

FILED VS MAR 7 1960

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 101

AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in 1b: 56 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 709 South Kentucky — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: FANNIE Middle: Estella Last: Potter
4. DATE OF DEATH Month: March Day: 4 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-17-1875
9. AGE (last birthday): 85
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Pettis Co. Mo
12. CITIZEN OF WHAT COUNTRY: U. S. A
13a. FATHER'S NAME: Jesse Higdon
13b. MOTHER'S MAIDEN NAME: America Siller
14. NAME OF HUSBAND OR WIFE: Granville Potter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Higdon Potter Address R.F.D. #5 Sedalia

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage, Right — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, Generalized
DUE TO (c) Hypertensive crises — 7 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Left hemiplegia, coma 7 days. Urinary retention 23 years.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 26 February 1960 to 4 March 1960 and last saw her alive on 3 March 1960
Death occurred at 4 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) Stanley D. Fisher MD.
22b. ADDRESS 500 West 16th Sedalia Missouri
22c. DATE SIGNED 5 Mar 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-7-'60
23c. NAME OF CEMETERY OR CREMATORY: Crown Hill
23d. LOCATION (City, town, or county) (State): Sedalia Mo

24. FUNERAL DIRECTOR ADDRESS: McLaughlin Bros Sedalia
25. DATE RECD. BY LOCAL REG.: 3-5-1960
26. REGISTRAR'S SIGNATURE: Frances Sheeley

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harold A. Tempel

Signature of Student Embalmer

Licensed Embalmer No. 5089

P. O. Address Sedalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.