

JR. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010003

FILED VS MAR 28 1960

042

Primary Registration District No. 1000

Registrar's No. 349

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph	Length of stay in 1b 4 years	c. CITY OR TOWN St. Joseph	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 610 N. 23rd St.		d. STREET ADDRESS (If outside, give location) 610 N. 23rd St/	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mary Middle Agnes Last Potts			4. DATE OF DEATH Month March Day 14 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 30, 1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Residence	11. BIRTHPLACE (City and state or country) Nettleton, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John S. Potts	13b. MOTHER'S MAIDEN NAME Julia Moran	14. NAME OF HUSBAND OR WIFE -----
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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. 488-44-9131	17. INFORMANT Stephen J. Potts	Address St. Joseph, Mo.
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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 minutes
IMMEDIATE CAUSE (a)	Ventricular fibrillation (probable)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Coronary insufficiency	
DUE TO (b)	Arteriosclerotic heart disease	?
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"/> N. <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from Dead on arrival at hospital and last saw her him alive on _____
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22a. SIGNATURE Beryl G. Potts (Degree or title)	22b. ADDRESS M.D. Physicians & Surg. Bldg.-St. Joseph	22c. DATE SIGNED 3/15/60
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Mar. 17, 1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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24. FUNERAL DIRECTOR Meierhoffer - Fleeman, Inc.	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. March 18, 1960	26. REGISTRAR'S SIGNATURE Mrs. Clark Standell
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF C.A. Potter, Jr., M.D. MEDICAL CERTIFICATION

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 Edward R. Farrington

Licensed Embalmer No. 3268

P. O. Address H. J. Jones

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