

STANDARD CERTIFICATE OF DEATH

60-018149

STATE FILE NUMBER

FILED VS APR 28 1960

Registration District No.

374

Primary Registration District No.

4547

Registrar's No.

11

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant City		c. CITY OR TOWN Hatfield 0410, Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mary's Nursing Home		d. STREET ADDRESS (If outside, give location) Harrison Co.	
Length of stay in lb 867 days		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Hettie Middle Mary Last Pottorff		4. DATE OF DEATH Month 3 Day 27 Year 1960	
5. SEX female	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH II - 14 - 1871
9. AGE (In years last birthday) 88		10. IF UNDER 1 YEAR Months Days 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 own home	
11. BIRTHPLACE (City and state or country) Harrison Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Almon Austin		13b. MOTHER'S MAIDEN NAME Sarah Haley	
14. NAME OF HUSBAND OR WIFE George N. Pottorff			
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. none	
17. INFORMANT Glenn Pottorff		Address Mt. Ayr, Iowa	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease			INTERVAL BETWEEN ONSET AND DEATH 16 Yrs 10yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes mellitus DUE TO (c) 260X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? 2 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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐ 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 1948 , to 1960 and last saw her alive on 3-26-60 Death occurred at 9am m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) Frank B Matteson M D		22b. ADDRESS Grant City, Mo	
22c. DATE SIGNED 3-29-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3-29-1960	
23c. NAME OF CEMETERY OR CREMATORY Ringgold Cemetery		23d. LOCATION (City, town, or county) Mt. Ayr, Iowa (State)	
24. FUNERAL DIRECTOR Arch C. Dunfee		ADDRESS Mt. Ayr, Iowa	
25. DATE RECD. BY LOCAL REG. April 20 - 1960		26. REGISTRAR'S SIGNATURE Ketan E. Lawrence	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Arch C. Dunfee*

Licensed Embalmer No. 3252

P. O. Address

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.