

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019582

FILED VS JUN 6 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2724

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY MIAMI					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY MO		Length of stay in lb 1 day		c. CITY OR TOWN OSOWATOMIE KANS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 325 BROWN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last KATHERINE B. Potts				4. DATE OF DEATH Month Day Year MAY 17 - 1960					
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH DECI-1884 78	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 5 Days 16	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER			10b. KIND OF BUSINESS OR INDUSTRY TEACHING		11. BIRTHPLACE (City and state or country) PAOLA KANSAS		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME WILLIAM Potts			13b. MOTHER'S MAIDEN NAME ELIZABETH BRANDER			14. NAME OF HUSBAND OR WIFE NEVER MARRIED			
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. no		17. INFORMANT Address William Potts - Kansas City Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatous DUE TO (b) Carcinoma of colon DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 3 mo. 2 yr		
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 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 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	
21. I attended the deceased from 7/7/58 to 5/17/60 and last saw her alive on 5/17/60. Death occurred at 8:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE W. Cunningham M.D. (Degree & title)				22b. ADDRESS 836 Cuyahoga Blk CCW				22c. DATE SIGNED 5/17/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5-17-1960	23c. NAME OF CEMETERY OR CREMATORY PAOLA CEMETERY		23d. LOCATION (City, town, or county) (State) PAOLA - KANSAS.				
24. FUNERAL DIRECTOR Wilson + Son			ADDRESS PAOLA - KANSAS		25. DATE RECD. BY LOCAL REG. 5-17-60		26. REGISTRAR'S SIGNATURE Neva Minshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
B. MC CUNNILL

JUL 14 1960
OCT 27 1960

VS DEC 14 1960

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
of by Raymond L. Taylor, Embalmer Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas. W. Wessell

Licensed Embalmer No. 5,20

P. O. Address PAOLA - Kon

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