URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-031502

FILED VS AUG 25 1960

STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY OSAGE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CRAWFORD TOWNSHIP — Length of stay in 1b: 3 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LINN MANOR REST HOME — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY OSAGE
c. CITY OR TOWN CRAWFORD TOWNSHIP — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) LINN, MO., RFD — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GEORGE Middle THOMAS Last POTTS
4. DATE OF DEATH: Month AUGUST Day 15, Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11 July 1873
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months 1 Days 4 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer retired
10b. KIND OF BUSINESS OR INDUSTRY: selfemployed
11. BIRTHPLACE (City and state or country): Osage County Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Harry Potts
13b. MOTHER'S MAIDEN NAME: Mary Bryan
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: J. R. Potts, Address: Linn, Mo., RFD

MEDICAL CERTIFICATION

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 Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generalized
DUE TO (c) Arteriosclerotic heart disease
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to cause given in PART I (a): Prostatic Hypertrophy
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 1-10-60, to 8-15-60 and last saw her/him alive on 8-12-60
Death occurred at 8:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Thomas W. Baldwin (Degree or title) D.O.
22b. ADDRESS Linn, Mo.
22c. DATE SIGNED 8/15/1960

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/17/1960
23c. NAME OF CEMETERY OR CREMATORY: Fairview
23d. LOCATION (City, town, or county) (State): Osage County Missouri
24. FUNERAL DIRECTOR: Vernon Morton, Morton Funeral Home — ADDRESS: Linn, Mo.
25. DATE RECD. BY LOCAL REG.: 8/15/60
26. REGISTRAR'S SIGNATURE: Mrs C. Morton By: Vernon Morton, Dep

(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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Vernon M. Morlo

Signature of Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Lynn

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