

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045099

FILED VS JAN 6 1961

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Primary Registration District No. 4036

Registrar's No. 41

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Bates									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rich Hill		Length of stay in 1b 20 yrs		c. CITY OR TOWN Rich Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 423 East Cedar St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 423 East Cedar St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ELIZABETH Middle CYNTHIA Last POTTER				4. DATE OF DEATH Month December Day 28 Year 1960									
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/26/60		9. AGE (last birthday) 70		IF UNDER 1 YEAR Months Days Hours Min.		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 own home			11. BIRTHPLACE (City and state or country) Springfield, Mo.			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Harry B. Murray				13b. MOTHER'S MAIDEN NAME Jennie Garman				14. NAME OF HUSBAND OR WIFE John Potter-deceased					
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. 487-12-5260		17. INFORMANT Address D Mrs. Frank Hays-Tulsa Oklahoma							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes caused Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes mellitus. DUE TO (c) 20 yrs										INTERVAL BETWEEN ONSET AND DEATH			
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 checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None									
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. None		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 _____ to _____ and last saw her/him alive on _____. Death occurred at about 6 P. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE (Degree or title) Douglas C. Bonard M.D.						22b. ADDRESS Conover Butler, Mo			22c. DATE SIGNED 12-31-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12/30/60		23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery			23d. LOCATION (City, town, or county) (State) Rich Hill, Missouri						
24. FUNERAL DIRECTOR ADDRESS Booth Funeral Serv-Rich Hill, Mo.				25. DATE RECD. BY LOCAL REG. 1/4/61		26. REGISTRAR'S SIGNATURE Edna Nauglase <i>by Ruby York, Dep.</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

X

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 John G. Anderson

Licensed Embalmer No. 358

P. O. Address Butler Pa

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