

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018716

STATE FILE NUMBER

AMENDED

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 31

<p><b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Clair</u></p>		<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Appleton City</u></p>		<p>Length of stay in 1b <u>1 month</u></p>	<p>c. CITY OR TOWN <u>Roscoe</u></p>
<p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N Poplar Av.</u></p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>d. STREET ADDRESS (If outside, give location) <u>Roscoe</u></p>
<p><b>3. NAME OF DECEASED</b> (Type or print) First <u>Violet</u> Middle <u>Marie</u> Last <u>Potter</u></p>			<p><b>4. DATE OF DEATH.</b> Month <u>June</u> Day <u>4</u> Year <u>1961</u></p>
<p><b>5. SEX</b> <u>Female</u></p>	<p><b>6. COLOR OR RACE</b> <u>White</u></p>	<p><b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/></p>	<p><b>8. DATE OF BIRTH</b> <u>8/4/1901</u></p>
<p><b>9. AGE</b> (last birthday) <u>59</u></p>	<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u></p>	<p><b>10b. KIND OF BUSINESS OR INDUSTRY</b></p>	<p><b>11. BIRTHPLACE</b> (City and state or country) <u>St. Clair County Mo. USA</u></p>
<p><b>12. CITIZEN OF WHAT COUNTRY</b></p>	<p><b>13a. FATHER'S NAME</b> <u>Peter Shanafelt</u></p>	<p><b>13b. MOTHER'S MAIDEN NAME</b> <u>ElZorah Clanson</u></p>	<p><b>14. NAME OF HUSBAND OR WIFE</b></p>
<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>	<p><b>16. SOCIAL SECURITY NO.</b></p>	<p><b>17. INFORMANT</b> Address <u>Nancy Shanafelt, Appleton City Mo</u></p>	
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMA of the LIVER</u></p>			<p>INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u></p>
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p>			
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>		<p>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</p>	
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p><b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/></p>	<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p><b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>			
<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/></p>	<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p><b>20f. CITY, TOWN, OR LOCATION</b></p>	<p>COUNTY _____ STATE _____</p>
<p><b>21. I attended the deceased from</b> <u>1 May 1961</u> to <u>death</u> and last saw <u>her</u> alive on <u>4 June 1961</u> Death occurred at <u>8:25 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p><b>22a. SIGNATURE</b> <u>R E Baska, M.D.</u> (Degree or title)</p>		<p><b>22b. ADDRESS</b> <u>Oseeola Missouri</u></p>	<p><b>22c. DATE SIGNED</b> <u>6/5/61</u></p>
<p><b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u></p>	<p><b>23b. DATE</b> <u>6/7/61</u></p>	<p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Roscoe</u></p>	<p><b>23d. LOCATION</b> (City, town, or county) (State) <u>Roscoe Mo</u></p>
<p><b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Goodrich Funeral Home, Oseeola Mo</u></p>		<p><b>25. DATE RECD. BY LOCAL REG.</b> <u>June 4 1961</u></p>	<p><b>26. REGISTRAR'S SIGNATURE</b> <u>Elis Abney</u></p>

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J.B. Baalrich

Licensed Embalmer No. 3038

P. O. Address Osceola Mo

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.