MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016028
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 166

FILED MAY 14 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: HANNIBAL
Length of stay in 1b: 2 Hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St ELIZABETH HOSPITAL
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First: ADA Middle: Last: POTTERFIELD
4. DATE OF DEATH Month: MAY Day: 6 Year: 1962
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: DECEMBER 26, 1900
9. AGE (last birthday): 61
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (City and state or country): SHELBY COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: GEORGE RENNOLDS
13b. MOTHER'S MAIDEN NAME: SARAH CHAPMAN
14. NAME OF HUSBAND OR WIFE: C.FRANCIS POTTERFIELD
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: C F Potterfield Address: Palmyra, Mo R 2

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): acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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. ☐ 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 6 may 1962, to 6 may 1962 and last saw her/him alive on 6 may 1962
Death occurred at 1.40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wyth Hamlin MD
22b. ADDRESS: Hannibal Mo
22c. DATE SIGNED: 5/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MAY 8, 1962
23c. NAME OF CEMETERY OR CREMATORY: St JUDES CEMETERY
23d. LOCATION (City, town, or county) (State): MONROE CITY, MISSOURI

24. FUNERAL DIRECTOR: Wilson & Sons ADDRESS: Monroe City Mo
25. DATE RECD. BY LOCAL REG.: May 7, 1962
26. REGISTRAR'S SIGNATURE: Dr. E. M. Luche by Lillian M. Herman

(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 me, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Leslie L. Wilson

Signature of Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.

Permit issued 5/7/62