

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1951
0061

State File No.

BIRTH NO. 7 REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>BARTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LAMAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0061</u> <u>LAMAR</u>	
c. LENGTH OF STAY (In this place) <u>1 da</u>		d. STREET ADDRESS (If rural, give location) <u>931 East 9th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARTON COUNTY MEMORIAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HAANNAH</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>POTTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 8 1951</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAR 23 1871</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>79 10 15</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (State or foreign country) <u>MOUNTAIN GROVE, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>MORRIS JONES</u>	13b. MOTHER'S MAIDEN NAME <u>ANN WATKINS</u>	14. NAME OF HUSBAND OR WIFE <u>JEFFERSON POTTER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>XXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>NOBLE POTTER,</u>	ADDRESS <u>LAMAR, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4-5 Days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerotic Heart Disease</u> DUE TO (c) <u>arterial Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4200</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept. 1947, to Feb. 8, 1951, that I last saw the deceased alive on Feb 8, 1951, and that death occurred at 8:16a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John T. Bichel, M.D.</u>	23b. ADDRESS <u>Lamar, Mo.</u>	23c. DATE SIGNED <u>FEB. 9, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 12 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOOREHEAD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BARTON COUNTY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>FEB 12 1951</u>	REGISTRAR'S SIGNATURE <u>Marie Konantz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>KONANTZ FUNERAL HOME,</u>	ADDRESS <u>LAMAR, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 26 1957

Dist. File 251-426

Date Filed 2-22-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter J. Kovantz

Licensed Embalmer No. 4773

P. O. Address Lamar, Missouri

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 this body is not embalmed, fact should be so stated above.