

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13850**

FILED APR 23 1952

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **5974** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY DOLK		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUISBURG		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bluffdale Rural	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 0300	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) WILLIAM MILLER POTTER	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 3-26-1952
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-27-1884	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Month 6 Days 29	IF UNDER 18 YRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Andrew Potter	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Lena May Potter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ray Potter	ADDRESS Buffalo Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 _____, 1950, to **3-26**, 1952, that I last saw the deceased alive on **3-16**, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Signature) (Degree or title) M.D.	23b. ADDRESS Buffalo Mo.	23c. DATE SIGNED 4-8-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-27-1952	24c. NAME OF CEMETERY OR CREMATORY West Pleasant	24d. LOCATION (City, town, or county) (State) Dallas Co Mo
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DATE REC'D BY LOCAL REG. April 16 1952	REGISTRAR'S SIGNATURE Ralph Darden	25. FUNERAL DIRECTOR'S SIGNATURE B Jones	ADDRESS Buffalo Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

640
3

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

Licensed Embalmer No. 2508

P. O. Address Buffalo

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.