

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JUL 22 1952

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 48

331
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>-Salem Merramec</u> <u>1330</u>	
c. LENGTH OF STAY (In this place) <u>2 weeks.</u>		d. STREET ADDRESS (If rural, give location) <u>near Turtle</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Knox Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John Marshall</u> b. (Middle) <u>Potter</u> c. (Last) <u>Potter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7/16/52</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>4/12/80</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>	11. BIRTHPLACE (State or foreign country) <u>Dent County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
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13a. FATHER'S NAME <u>Edward Potter</u>	13b. MOTHER'S MAIDEN NAME <u>Terrissa Leonard</u>	14. NAME OF HUSBAND OR WIFE <u>Rosa Biggs Potter</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>x</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Potter</u> ADDRESS <u>Turtle 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Hemorrhage with cardio-valvular decompensation</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Hypertension and arteriosclerosis</u>		
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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 2-1-52, 1952, to 7-16-52, 1952, that I last saw the deceased alive on 7-16-52, 1952, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph R. Burnett, D.O.</u> (Degree or title)	23b. ADDRESS <u>Salem Mo</u> <u>Joseph R. Burnett, D.O.</u>	23c. DATE SIGNED <u>7/17/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/18/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stonehill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Stonehill Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-17-52</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, M. D. by MGR</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl R. Burnett</u> ADDRESS <u>Salem Mo</u>
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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
Student Embalmer

Signed _____
22-1-

Carl W. Lymer

Licensed Embalmer No. *370*

P. O. Address *Salina 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 this body is not embalmed, fact should be so stated above.