

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34453

State File No.

FILED NOV 13 1952

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 4108 Registrar's No. 2637

0200

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

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton <u>2500</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) N. St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION N. St.			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) HENRY	c. (Last) POTTS	4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1952
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5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 17, 1871	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Month 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) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Polk County, Mo. <u>0</u>	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME John W. Potts	13b. MOTHER'S MAIDEN NAME Rosa McGee	14. NAME OF HUSBAND OR WIFE Minnie Potts
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Potts, Stockton, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia		days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rt hemiplegia DUE TO (c) Arteriosclerotic hypertension		2 months yr
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) (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 8-2, 1952, to 10-27, 1952, that I last saw the deceased alive on 10-27, 1952, and that death occurred at 5:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm B. Rutter M.D.	23b. ADDRESS Stockton, Mo.	23c. DATE SIGNED 10-31-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-31-1952	24c. NAME OF CEMETERY OR CREMATORY Stockton City Cem.	24d. LOCATION (City, town, or county) (State) Stockton, Mo.
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DATE REC'D BY LOCAL REG. 11-8-52	REGISTRAR'S SIGNATURE Geneva Garrison	5-4-1	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John C. Cannon, Stockton, Mo.
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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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stuckton, 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.