

5. No. 300
v. 10.48

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37589
Registrar's No. 94

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 4026

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parlayville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harmon</u> b. (Middle) <u>C</u> c. (Last) <u>Potter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 8, 1886</u>
9. AGE (In years) (Months) (Days) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Barry County Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>David I Potter</u>		13b. MOTHER'S MAIDEN NAME <u>Florence A Redding</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie</u>
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 ADDRESS <u>Bessie Potter Purdy, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION <u>Chronic Myo Carditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>4yr</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	
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?	
22. I hereby certify that I attended the deceased from <u>7-19-48</u> to <u>11-19, 1952</u> , that I last saw the deceased alive on <u>11-18, 1952</u> , and that death occurred at <u>Sioux</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. D. Baldwin</u> (Degree or title) <u>D. O.</u>		23b. ADDRESS <u>Purdy Mo</u>	23c. DATE SIGNED <u>11-21-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 21, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Arnhart</u>	24d. LOCATION (City, town, or county) (State) <u>Barry County Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-27-52</u>	REGISTRAR'S SIGNATURE <u>Oliver A. Worthington</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Koon Funeral Home Cassville Mo</u>	

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

2050

DEC 16 1939

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

William A. Fulkes

Licensed Embalmer No. *4658*

P. O. Address *Cassville, 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.