

0.300  
0.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9247

FILED APR 14 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5319 Registrar's No. 9

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clifton City</u> LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clifton City Otterville Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clifton City</u>		d. STREET ADDRESS (If rural, give location) <u>Clifton City 0270</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDNA</u> b. (Middle) <u>LINCOLN</u> c. (Last) <u>POTTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 30, 1953</u>
---	---

5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 20, 1864</u>	9. AGE (in years) last birthday <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
------------------	-------------------------------	---	---------------------------------------	---	---	---

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>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clifton City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--	---	--	---

13a. FATHER'S NAME <u>Jackson McGuire</u>	13b. MOTHER'S MAIDEN NAME <u>America Withers</u>	14. NAME OF HUSBAND OR WIFE <u>James E. Potter (deceased)</u>
---	--	---

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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Essie L. Holmes</u> ADDRESS <u>Clifton, City, Mo.</u>
--	-------------------------------------	--

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>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Congestive</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Contusions, Multiple</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		E 9040 21	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.) <u>In Home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Clifton City Cooper Mo.</u>
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 27 1953 7P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall</u>
---	---	--

22. I hereby certify that I attended the deceased from Nov 1951, 1951, to March, 1953, that I last saw the deceased alive on Mar 30, 1953, and that death occurred at 10P m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. V. Siegel MD</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Smithton Mo.</u>	23c. DATE SIGNED <u>3/31/53</u>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/3/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Otterville I.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Otterville, Mo.</u>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <u>4/4/53</u>	REGISTRAR'S SIGNATURE <u>Hellie Thulett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Beckert</u> ADDRESS <u>Selden Mo</u>
--	---	---

**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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.