

STANDARD CERTIFICATE OF DEATH

23983

State File No.

FILED JUL 20 1953

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|---|--|---|--|--|---------------------------------|---|---|
| BIRTH NO. | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>782</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (in this place) <u>29 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | 0117 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1024 Henry Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Naomi</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Potts</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1953</u> | | | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>Mar. 28, 1904</u> | |
| 9. AGE (In years last birthday) <u>49</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Advertising dept.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hills, Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Advertising dept.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Dry Goods store</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hills, Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>William Cronin</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Riley</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Wilfred H. Potts</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>491-09-4243</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>A.W. Cronin, 2225 S. 15, St. Joseph, Mo.</u> ADDRESS | | | |
| 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. | | 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis Pulmonary Bilateral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>" 002X</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>7-3-53</u> , 19 <u> </u> , to <u>7-13-53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>7-12-53</u> , 19 <u> </u> , and that death occurred at <u>4:15A.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> | | | 23b. ADDRESS <u>207 Pys Bldg. W. Joseph Mo</u> | | 23c. DATE SIGNED <u>7-14-53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7/15/53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery Kellerton, Iowa</u> | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. <u>July 15, 1953</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Neaton-Bowman Funeral Home</u> ADDRESS <u>St. Joseph, Mo.</u> | | | |

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

Dr. Jensen

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 *James P. Hawkins*

Licensed Embalmer No. 4536

P. O. Address 319 So 10th St. Joplin

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.