

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33473**
4196

| | | | | | | | |
|---|-------------------------------|---|--|--|--|--|--------------------------------|
| BIRTH NO. | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>33473</u> <u>4196</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) township) <u>3 yrs</u> | | c. CITY OR TOWN <u>Marshall, Mo.</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hazelwood Nursing Home</u> | | | | STREET ADDRESS (If rural, give location) <u>no street address 0977</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ADA</u> | | b. (Middle) <u>LEE</u> | | c. (Last) <u>POTTER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28th, 1955</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>May 6th, 1866</u> | | 9. AGE (In years last birthday) <u>89</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work 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>Miami, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Lee Hughes</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Charles Potter (1930 June)</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>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles H. Potter 5823 Mission Rd. Mission, Ks.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Left Breast</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. <u>Myocardial Regeneration</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>170x</u> <u>3 wks</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) m. | | 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>July 1</u> , 19 <u>55</u> , to <u>Sept 28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Sept 27</u> , 19 <u>55</u> , and that death occurred at <u>12:15 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>John B. Caldwell</u> (Degree or title) ^o | | | | 23b. ADDRESS <u>Kansas City, Mo.</u> | | 23c. DATE SIGNED <u>9/28/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>9-30-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u> | | |
| DATE REC'D BY LOCAL REG <u>9-28-55</u> | | REGISTRAR'S SIGNATURE <u>neva minshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody McGilley-Eyler FH, 1800 E. Lin</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 20 1945

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.....
Signature of Student Embalmer

Signed *James E. Kaelin*.....

Licensed Embalmer No. *400*

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.