

FILED DEC 5 1955

STANDARD CERTIFICATE OF DEATH

36358

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>Cooper.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howard.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bronville</u>	c. LENGTH OF STAY (If this place) <u>6 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Bronville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MALENA</u> b. (Middle) <u>Wilmenta</u> c. (Last) <u>Potthast.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married.</u>	8. DATE OF BIRTH <u>Oct. 26-1894.</u>
9. AGE (In years last birthday) <u>61.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Warren Co Mo.</u>
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>at home.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Fred Piper</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bishop Piper</u>	14. NAME OF HUSBAND OR WIFE <u>John Fred Potthast</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>John Fred Potthast Franklin</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.			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial hypertension</u>			<u>?</u>
DUE TO (c) <u>arteriosclerosis</u>			<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331x</u>			
19a. DATE OF OPERATION <u>none</u>	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>11-23-</u> , 19 <u>55</u> , to <u>11-23-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-23-</u> , 19 <u>55</u> , and that death occurred at <u>five P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J.C. Beckett M.D.</u> (Degree or title)		23b. ADDRESS <u>Bronville Mo.</u>	23c. DATE SIGNED <u>11-26-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov. 26-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarks Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>New Franklin Mo.</u>
DATE REC'D BY LOCAL REG. <u>11/26/55</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u> 381-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>N.L. Bell New Franklin Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WHILE FILING—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

100

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

H. L. Hall

Licensed Embalmer No. _____

3515

P. O. Address _____

New Franklin

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.