

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **2451**BIRTH NO. **1346-56** REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **6079** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY <b>Reynolds</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Reynolds</b>	
b. CITY OR TOWN <b>Ellington</b>	c. LENGTH OF STAY (in this place) <b>7 days</b>	c. CITY OR TOWN <b>Ellington Rural</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Own Home</b>		STREET ADDRESS (If rural, give location) <b>5 mi. west of Ellington</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Daniel</b> b. (Middle) <b>Edward</b> c. (Last) <b>Potter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-13-56</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>N.M.</b>	8. DATE OF BIRTH <b>1-3-56</b>	9. AGE (In years last birthday) <b>9 days</b>	IF UNDER 1 YEAR Days IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Ellington, MO</b>	
13a. FATHER'S NAME <b>Stanley Potter</b>			13b. MOTHER'S MAIDEN NAME <b>Frances Goll</b>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Stanley Potter, Ellington</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>atelectasis</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Unknown</b>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<b>7620</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Minute)		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 **Jan 4, 1956** to **Jan 13, 1956**, that I last saw the deceased alive on **Jan 6, 1956**, and that death occurred at **Jan 13 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Kenneth T. Carter, M.D.</b>		23b. ADDRESS <b>Ellington, MO</b>		23c. DATE SIGNED <b>Jan 16, 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-14-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ellington</b>	
				24d. LOCATION (City, town, or county) (State) <b>Ellington, MO</b>	

DATE REC'D BY LOCAL REG. <b>Jan 16-56</b>		REGISTRAR'S SIGNATURE <b>Bessie Evans</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Chas S. Keenly, Ellington, MO</b>	
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Received 1-23-56

Reynolds County Health Department

File No. 156 - 5

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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 Chas S. Leuth

Licensed Embalmer No. 457

P. O. Address Ellington

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.