

FILED MAR 12 1956

STANDARD CERTIFICATE OF DEATH

4447
State File No. 191-A

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5455</u>		Registrar's No. <u>191-A</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Republic</u>) c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY OR TOWN <u>Republic</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Gen. Del. 0370</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>James</u> c. (Last) <u>Potts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-28-1956</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-8-1886</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mason</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Concrete</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greene County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Edward Lee Potts</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah J. Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Potts</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO. <u>499-07-9434</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Potts</u> ADDRESS <u>Republic, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> 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>1 Month</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>4201</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)		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>October, 1955</u> , to <u>Feb</u> , 1956, that I last saw the deceased alive on <u>28 Feb</u> , 1956, and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul L. Leidinger Jr. M.D.</u> (Degree or title)				23b. ADDRESS <u>Republic, Mo</u>		23c. DATE SIGNED <u>3-3-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-1-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wade Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Republic, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-6-56</u>		REGISTRAR'S SIGNATURE <u>Ernest Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cantrell-Fossett</u> ADDRESS <u>Republic, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 16 1968

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.....
William B. Lantz

Licensed Embalmer No.....

P. O. Address.....
Republic

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.