

FILED AUG 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25782**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 169

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

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>	
b. CITY OR TOWN <u>NEVADA</u>		c. CITY OR TOWN <u>NEVADA</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 mo</u>		e. STREET ADDRESS (If rural, give location) <u>1112 N. WASHINGTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEVADA CITY HOOP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>THEODORE</u> b. (Middle) <u>SRYGLEY</u> c. (Last) <u>POTTER</u>	4. DATE OF DEATH Month <u>AUGUST</u> Day <u>6</u> Year <u>1956</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1-29-1899</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. DISPATCHER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RAIL ROAD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>OZARK ARK.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>FREDERIC J. POTTER</u>	13b. MOTHER'S MAIDEN NAME <u>MABLE SRYGLEY</u>	14. NAME OF HUSBAND OR WIFE <u>DIVIE KESTERSON POTTER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>TAP POTTER JR.</u> ADDRESS <u>1112 N. WASHINGTON NEVADA, MO.</u>

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) <u>Acute Left Ventricular Strain</u>	DUE TO (b) <u>Hypertensive heart disease.</u>		<u>1 hour</u>
ANTECEDENT CAUSES <i>*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>	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	<u>Right Hemiplegia</u>		<u>3 months</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)	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 March 4, 1948, to August 6, 1956, that I last saw the deceased alive on August 6, 1956, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. B. Wray, M.D.</u>	23b. ADDRESS <u>Moore Building, Nevada, Missouri</u>	23c. DATE SIGNED <u>8-7-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-9-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEWTON BURIAL PARK</u>
		24d. LOCATION (City, town, or county) (State) <u>NEVADA MO.</u>

DATE REC'D BY LOCAL REG. <u>8-10-1956</u>	REGISTRAR'S SIGNATURE <u>Anna &amp; Jerry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SMITH FUNERAL HOME</u> ADDRESS <u>NEVADA, MO.</u>
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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 *Lawrence O. Gerling* .....

Licensed Embalmer No. *4979* .....

P. O. Address *Merida, Md.* .....

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.