

FILED OCT 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33100**

BIRTH NO. _____		REG. DIST. NO. <b>25</b>	PRIMARY REG. DIST. NO. <b>4036</b>	Registrar's No. <b>26</b>
1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rich Hill</b>		c. LENGTH OF STAY (In this place) <b>life</b>	c. CITY OR TOWN <b>Rich Hill</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5th &amp; Cedar St.</b>		e. STREET ADDRESS (If rural, give location) <b>5th &amp; Cedar St.</b>		
3. NAME OF DECEASED (Type or Print) <b>JOHN CALVIN POTTER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 15 1956</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 19, 1888</b>	9. AGE (In years last birthday) <b>68</b> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>restaurant</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Rich Hill, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Smith Potter</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Potter</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way & dates of service) <b>yes W.W.II</b>		16. SOCIAL SECURITY NO. <b>487-12-5260</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Elizabeth Potter-Rich Hill, Mo.</b>	
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) <b>Myocardial Infarction</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
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) <b>443x</b>	
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 <b>Jan 1, 1956</b> , to <b>Oct 15, 1956</b> , that I last saw the deceased alive on <b>Oct 14, 1956</b> , and that death occurred at <b>11:45 a.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <i>[Signature]</i>		(Degree or title) <b>MD</b>	23b. ADDRESS <b>Rich Hill Mo</b>	23c. DATE SIGNED <b>Oct 17 1956</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/18/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Rich Hill, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>10-20-1956</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> <b>Booth Funeral Home Rich Hill, Mo.</b>		

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

OCT 31 1958  
NOV 1 1958  
FEB 21 1957  
DEC 2 1958  
OCT 28 1958

**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 *John H. Hudsonwood*  
Licensed Embalmer No. 358  
P. O. Address *Butler*

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.