

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38985**

FILED NOV 26 1956

BIRTH NO. **78707-56** REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **2052** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. CITY OR TOWN SEDALIA	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BOTHWELL HOSP		e. STREET ADDRESS (If rural, give location) 303 W 5th 08070	

3. NAME OF DECEASED (Type or Print) a. (First) BABY b. (Middle) POTTER c. (Last) POTTER			4. DATE OF DEATH (Month) (Day) (Year) NOV 19 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOV 19 1956		9. AGE (In years last birthday) 8 If UNDER 1 YEAR: Months 8 Days — If UNDER 12 mos: 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) SEDALIA, MO	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME PETER POTTER		13b. MOTHER'S MAIDEN NAME BETTY JO SULLIVAN		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME PETER POTTER ADDRESS SEDALIA, MO	
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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) Congenital Abetalonemia		INTERVAL BETWEEN ONSET AND DEATH 8 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Prematurity rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) Cleft lip & Palate		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **19 Nov**, 1956, to **19 Nov**, 1956, that I last saw the deceased alive on **19 Nov**, 1956, and that death occurred at **10:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Ronald G. Potter M.D. (Degree or title)	23b. ADDRESS Sedalia, Mo.	23c. DATE SIGNED 20 Nov 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV 20 1956	24c. NAME OF CEMETERY OR CREMATORY CROWN HILL	24d. LOCATION (City, town, or county) (State) SEDALIA MO
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DATE REC'D BY LOCAL REG. 11-20-56	REGISTRAR'S SIGNATURE Lavina Cooney Dept.	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Laughlin Sr ADDRESS Sedalia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *James R. Ashen*.....

Licensed Embalmer No. *493*.....

P. O. Address *Sedalia,*.....

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.