Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026143
STATE FILE NUMBER

FILED JUL 16 1958 Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY LAWRENCE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) AURORA — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) AURORA HOSPITAL — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY LAWRENCE
c. CITY OR TOWN AURORA 054-0 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 140 W. TYNDALL — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First GEORGE Middle W. Last POTTENGER
4. DATE OF DEATH Month JULY Day 6 Year 1958

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH APRIL 9, 1892
9. AGE (In years last birthday) 66 — 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) FURNITURE BUSINESS
10b. KIND OF BUSINESS OR INDUSTRY STORE
11. BIRTHPLACE (City and state or country) BUTLER COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CRAYTON POTTENGER
13b. MOTHER'S MAIDEN NAME MELVINA POWERS
14. NAME OF HUSBAND OR WIFE MRS. SARRAH POTTENGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT HAROLD POTTENGER, Address AURORA, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Infarction. — INTERVAL BETWEEN ONSET AND DEATH 2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary Embolism. — 2 days.
DUE TO (c) Congestive Heart Disease. — Yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 4-1958, to July 6 1958 and last saw him alive on July 6-1958
Death occurred at 7:30 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. P. Coyle M.D.
22b. ADDRESS Aurora, Mo.
22c. DATE SIGNED 7-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JULY 9, 1958
23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEMETERY
23d. LOCATION (City, town, or county) (State) AURORA, MISSOURI

24. FUNERAL DIRECTOR ADDRESS MARSH FUNERAL HOME, AURORA, MISSOURI
25. DATE RECD. BY LOCAL REG. 7-8-58
26. REGISTRAR'S SIGNATURE Ora McNatt

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

VS JUL 11 1960

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 Roy E. Ireland

Licensed Embalmer No. 5052

P. O. Address Aurora, Mo

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.