

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001942

STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 9

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1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		c. CITY OR TOWN Aurora	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Hospital		d. STREET ADDRESS (If outside, give location) 311 W. Pleasant	
3. NAME OF DECEASED (Type or print) First BERTHA Middle FLORENCE Last POTTER		4. DATE OF DEATH Jan, 17, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 22 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 80
11. BIRTHPLACE (City and state or country) Schuyler County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME W.W. Stratton		13b. MOTHER'S MAIDEN NAME Amanda Warner	14. NAME OF HUSBAND OR WIFE Louis D. Potter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Louis D. Potter Aurora, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cholelithiasis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 6060			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs 20 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 9/1/59 to 1/17/59 and last saw her ^{him} alive on 1/17/59 Death occurred at 10 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.B. Brown		22b. ADDRESS Clayton Mo	22c. DATE SIGNED 1/17/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/20/59	23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	23d. LOCATION (City, town, or county) (State) Aurora, Missouri
24. FUNERAL DIRECTOR ADDRESS Arnold's Funeral Home Aurora, Mo.		25. DATE RECD. BY LOCAL REG. 1/19/59	26. REGISTRAR'S SIGNATURE Ora Mae Nett

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NOV 23 1959
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YS MAR 7 1960

DEC 10 1959

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 *Irvin R. Conrad*

Licensed Embalmer No. *4929*
P. O. Address *Avon, 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.