

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002213
STATE FILE NUMBER

FILED FEB 4 1958 Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 5

100
-57

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montgomery City Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Montgomery City Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 19 Montgomery Mo		Length of stay in lb 60 yr	d. STREET ADDRESS (If outside, give location) none Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Everett XX Potter			4. DATE OF DEATH Month I Day 24 Year 59
5. SEX Male	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 I-15-1880
9. AGE (In years last birthday) 79		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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Pike Co Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A		13. NAME OF FATHER'S NAME John Potter	
13b. MOTHER'S MAIDEN NAME Rebecca Hibbert		14. NAME OF HUSBAND OR WIFE Marie Potter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 426-14-1428	
17. INFORMANT Marie Potter-- Montgomery City Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Struck by automobile on highway # 19 in Montgomery City Mo in route to his home on foot, from work Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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 6-15 Hour _____ Month _____ Day _____, Year _____ a.m. _____ p.m. I-24-59		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.) on way home from work		20f. CITY, TOWN, OR LOCATION COUNTY STATE Montgomery City Montg Co Mo	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. T. Ball (Degree or title) Coroner ³		22b. ADDRESS Jonesburg Mo	
22c. DATE SIGNED 1-27-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE I-27-59	
23c. NAME OF CEMETERY OR CREMATORY Montgomery City Cemetery		23d. LOCATION (City, town, or county) (State) Montgomery City Mo	
24. FUNERAL DIRECTOR C. Hopkins ADDRESS Montgomery City Mo		25. DATE RECD. BY LOCAL REG. 1-28-59	
26. REGISTRAR'S SIGNATURE Laura B. Callaway			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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1959 FEB 9

1959 FEB 5

OCT 20 1960

FEB 11 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, only on the 24 th day of Jan 1959, Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed C. W. Hopkins C. W. Hopkins

Licensed Embalmer No. I487
P. O. Address Montgomery City 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.