

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041758

FILED VS DEC 12 1960

137 Primary Registration District No. 3023 Registrar's No. 310

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 3 Days	c. CITY OR TOWN Clinton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD. # 2,		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Arthur Garfield Potter			4. DATE OF DEATH Month Day Year Dec. 6, 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-28-1880	9. AGE (last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY Leather Salesman	11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles Potter		13b. MOTHER'S MAIDEN NAME Levenia Whitney		14. NAME OF HUSBAND OR WIFE Deceased		
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. 495-01-8440	17. INFORMANT RFD. Address # 2, Mrs. Warren Henry, Clinton, 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) Heart Block					INTERVAL BETWEEN ONSET AND DEATH 3 da	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <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 12-3-60 to 12-6-60 and last saw her/him alive on 12-6-60 Death occurred at 9 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE G.S. WALKER.			(Degree or title) M.D.	22b. ADDRESS 214 E. Jefferson Clinton Mo		22c. DATE SIGNED 12-7-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 9, 1960	23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery		23d. LOCATION (City, town, or county) (State) Clinton, Missouri		
24. FUNERAL DIRECTOR Vansant Funeral Home, Clinton, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. Dec. 8, 1960	26. REGISTRAR'S SIGNATURE Mildred Bigum	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 18 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, N.Y.

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.