MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-031528
STATE FILE NUMBER

AMENDED

Registration District No. 32 Primary Registration District No. 3072 Registrar's No. 155

FILED AUG 28 1961

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marshall
Length of stay in Ib:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 772 South Salt Pond
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Marshall
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 772 South Salt Pond
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Belle Middle: Miller Last: Potter
4. DATE OF DEATH: Month: August Day: 20th Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 5-2-1894
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Saline County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William R. Miller
13b. MOTHER'S MAIDEN NAME: Bettie Christman
14. NAME OF HUSBAND OR WIFE: William Harvey Potter
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.: None
17. INFORMANT: William Harvey Potter, Address: 772 South Salt Pond, Marshall Mo.

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): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Last
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Occlusion — "
DUE TO (c): Arteriosclerotic Vas Disease — "
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. [ ] Yes [ ] No [ ] Unknown
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 Fall 1959, to Aug 20, 61 and last saw her/him alive on Aug 20-61
Death occurred at 12-30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: B H Campbell (Degree or title) M.D.
22b. ADDRESS: Marshall Mo
22c. DATE SIGNED: 8-21-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-22-1961
23c. NAME OF CEMETERY OR CREMATORY: Ridge Park cemetery
23d. LOCATION (City, town, or county) (State): Marshall Missouri
24. FUNERAL DIRECTOR ADDRESS: Campbell-Lewis. Marshall Mo.
25. DATE RECD. BY LOCAL REG.: 8-22-61
26. REGISTRAR'S SIGNATURE: Cecil H. Pearl

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.
BY AFFIDAVIT OF DOCUMENT

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 R.W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall,

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.