MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-033538

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 292

FILED SEP 24 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0017
2 0010
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Length of stay in 1b: 2 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Laughlin — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Adair
c. CITY OR TOWN: Kirksville — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): RFD-RR#3 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First Stephen Middle Lee Last Potter
4. DATE OF DEATH: Month 9 Day 17 Year 1962
5. SEX: Male
6. COLOR OR RACE: white
7. Married [ ] Widowed [ ] Never Married [X] Divorced [ ]
8. DATE OF BIRTH: 9-15-1962
9. AGE (last birthday): IF UNDER 1 YEAR Months 3 Days; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY: infant
11. BIRTHPLACE (City and state or country): Kirksville, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Bobby James Potter
13b. MOTHER'S MAIDEN NAME: Virginia Mountain Potter
14. NAME OF HUSBAND OR WIFE: none
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.: none
17. INFORMANT: Bobby James Potter, RFD 3 Kirksville — Address

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): Medullary failure — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardio-respiratory failure — minutes
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Prematurity
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] 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 9/15/62, to 9/17/62 and last saw her/him alive on 9/17/62
Death occurred at 1:07 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Fred L. King, DO.
22b. ADDRESS: Kirksville, Missouri
22c. DATE SIGNED: 9/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-18,1962
23c. NAME OF CEMETERY OR CREMATORY: Llewellyn
23d. LOCATION (City, town, or county) (State): Kirksville, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Dee Riley Funeral Home, 415 N. Franklin Kirksville, Mo.
W K Jackson
25. DATE RECD. BY LOCAL REG.: 9-20-62
26. REGISTRAR'S SIGNATURE: Doris W Ratliff

(Licensed Embalmer's Statement on Reverse Side)

No permit issued

FRED L. KING, D.O.

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 Wm K Jachman

Licensed Embalmer No. 3954

P. O. Address Kirksville 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.