

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031358

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

1039

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 3 1963

VS 300
Rev. 4/59

1 5117

2 8150

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9444 X

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12 2-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF C.A. Potter, Jr., M.D.

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY DONIPHAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH		Length of stay in 1b 16 DAYS	c. CITY OR TOWN ELWOOD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION METHODIST HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 810 KENTUCKY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MADALINE FAYE COURTER			4. DATE OF DEATH Month Day Year AUGUST 24, 1963
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 DEC. 7, 1914
9. AGE (last birthday) 48		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 WORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) MISSOURI
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME FRANK MARRIOTT	
13b. MOTHER'S MAIDEN NAME CAROLINE THOMPSON		14. NAME OF HUSBAND OR WIFE LEE	
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates) NO		17. INFORMANT MR. LEE COURTER	Address -ELWOOD, KANSAS.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Renal insufficiency and failure</i> DUE TO (b) <i>Hypertension and Diabetic Mellitus</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>Months</i> <i>years.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Exogenous Obesity.</i>			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 s.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 8/8/63 to 8/24/63 and last saw her alive on 8/24/63 Death occurred at 6:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Saryl A. Potter, Jr., M.D.</i>		22b. ADDRESS Suite 301. Physicians & Surgeons Bldg Joseph, Mo	22c. DATE SIGNED 8/26/63
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE AUG. 24, 1963	23c. NAME OF CEMETERY OR CREMATORY BELLEMONT CEMETERY	23d. LOCATION (City, town, or county) (State) WATHENA, KANSAS
24. FUNERAL DIRECTOR ADDRESS HARMAN FUNERAL HOME-WATHENA, KANSAS		25. DATE RECD. BY LOCAL REG. Aug 29, 1963	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>

Permit issued 8-26-63

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 Charles M. Harman

Licensed Embalmer No. 4487

P.O. Address WATHENA, KANSAS

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.