

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39497**

Registration District No. **689**

Primary Registration District No. **3033**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Pike**
(b) City or town **hollisiana**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Pike County Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (years, months or days) **1**

3. (a) PRINT FULL NAME **Zelda Sue Porter**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **NORMAN G Porter** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **Apr 30 1917**
(Month) (Day) (Year)

8. AGE: Years **63** Months **6** Days **16** If less than one day _____ hr. _____ min.

9. Birthplace **Curryville Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **(?) Middleton**
13. Birthplace **Clarksville Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Fenna Curry**
15. Birthplace **Curryville Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Norman G Porter**
(b) Address **Bowling Green Mo**
17. (a) **Burial** (b) Date thereof **11-17-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bowling Green Cem**

18. (a) Signature of funeral director **Ernie B. Bantel**
(b) Address **Bowling Green, Mo**

19. (a) **Nov 16/40** (b) **W. H. Haley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pike**
(c) City or town **Bowling Green Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **15th**
year **1940** hour **10** minute **P** M.

21. I hereby certify that I attended the deceased from **Sept. 1st.**, 19**40**, to **Nov 15th**, 19**40**;
that I last saw her alive on **Nov 15, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration _____

Due to _____
Due to **94%**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: **none**
Of operations **none**
Of autopsy **none**
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. P. B. B. B.** (M. D. or other) **J. P. B. B. B.**
Address **Bowling Green, Mo** Date signed **11/16/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 12-40-2242

Date Filed DEC 7 1940

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Grace Danford

Licensed Embalmer No. 2204

P. O. Address Bowling Green

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 this body is not embalmed, above space should be left blank.