

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1571

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 18

49  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>OKLAHOMA</b> b. COUNTY <b>906</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>MIAMI</b> <b>34</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST JOHN'S</b>		d. STREET ADDRESS (If rural, give location) <b>U</b> <b>24</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELLA M.</b> b. (Middle) <b>HUNTLEY</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>1 9 49</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APRIL 3, 1863</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>9</b>	IF UNDER 24 HRS. Days <b>6</b>	IF UNDER 2 HRS. Hours <b>Min.</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>OHIO</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>HUSTON PORTER</b>	13b. MOTHER'S MAIDEN NAME <b>ESTER PORTER</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. NEIL STEWARD, CARTHAGE, MO</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis,</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>H ypertension,</b> DUE TO (c) <b>Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		<b>4 1/2</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Joplin Jasper Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1937**, 19\_\_\_\_, to **Jan 10 1949**, that I last saw the deceased **11/10/49**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS <b>Joplin Mo.</b>	23c. DATE SIGNED <b>1/12/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-12-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PARK CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>CARTHAGE, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>1-18-49</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <b>Cooper Funeral Home, Miami, Oklahoma</b>
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by Dolores [Signature] on Reverse Side

OCT 31 1949

FEB 2 1950

DEC 1 1949

MAY 5 1950

JUL 19 1950

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 .....  
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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 this body is not embalmed, fact should be so stated above.