

FILED MAR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4357

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3016 Registrar's No. 47

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | |
| d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> | |
| c. LENGTH OF STAY (in this place) <u>13yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>815 East High Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Capitol Bldg</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Dan</u> b. (Middle) <u>Dandridge</u> c. (Last) <u>Porter, Jr</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 23 1949</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec-13-1893</u> | 9. AGE (in years last birthday) <u>55</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|-------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business Manager</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Contracting</u> | 11. BIRTHPLACE (State or foreign country) <u>Marshall, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
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| 13a. FATHER'S NAME <u>Dan D. Porter, Sr</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Porter</u> | 14. NAME OF HUSBAND OR WIFE <u>Irene M. Porter</u> |
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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) <u>yes World War #1</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Irene M. Porter</u> ADDRESS <u>Jefferson City, Mo</u> |
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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, asthma, 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) <u>Myocardial infarction</u> | | <u>none</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>422</u> | |

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| 19a. DATE OF OPERATION <u>—</u> | 19b. MAJOR FINDINGS OF OPERATION <u>—</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u>—</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>—</u> |
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22. I hereby certify that I attended the deceased from dead when viewed, 1949, that I last saw the deceased alive on —, 1949, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>J. Paul Leslie, M.D.</u> | 23b. ADDRESS <u>Jefferson City, Mo.</u> | 23c. DATE SIGNED <u>Feb. 24, 1949</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2/25/1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Marshall Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb 24 1949</u> | REGISTRAR'S SIGNATURE <u>G.P. Davis MS-NR-68</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos J. Gorman</u> ADDRESS <u>Jefferson City, Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
MAR 3 1949
Date Filed

MAR 5 1949

MAR 8 1949

MAR 7 1949

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 Ferd P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City

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.