

FILED APR 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12083

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 361

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

1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seymour - Rural</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		112 0 0 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3</u>	

3. NAME OF DECEASED (Type or Print) <u>Charles Porter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 49</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 28, 1860</u>	9. AGE (In years last birthday) <u>88</u>	if UNDER 1 YEAR Months <u>10</u> Days <u>24</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>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (State or foreign country) <u>Pittsburg Pennsylvania</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Franklin Porter</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Maggie Claussen Porter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R. R. Rame</u>	ADDRESS <u>Brookline Mo Rt 1</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>Arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemorrhage - gastro-intest.</u>		45 48 hrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? <input checked="" type="checkbox"/>
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22. I hereby certify that I attended the deceased from 4-20, 1949, to 4-22, 1949, that I last saw the deceased alive on 4-22, 1949, and that death occurred at 9:55 P. m. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Republic Mo.</u>	23c. DATE SIGNED <u>4-25-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seymour Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Seymour Mo</u>
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DATE REC'D BY LOCAL REG. <u>4/27/49</u>	REGISTRAR'S SIGNATURE <u>W. E. Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley, Ferrell Bergman</u>	ADDRESS <u>Seymour Mo</u>
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**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. 282

working under my personal supervision.

Student Max L. Miller  
Student Embalmer

Signed J. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.