

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18968

State File No.

41

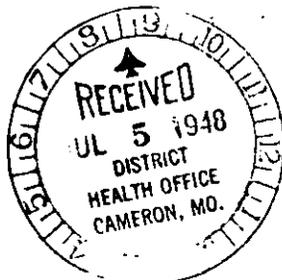
BIRTH NO.		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>4138</u>		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>De Kalb</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osborn</u>		c. LENGTH OF STAY (in this place) <u>2 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osborn MO. 32</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lathrop</u>				d. STREET ADDRESS (If rural, give location) <u>Osborn MO. 1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u> b. (Middle) <u>Ben</u> c. (Last) <u>Porter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 - 49</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 21 - 1880</u>		
9. AGE (in years last birthday) <u>69</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 60 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House Work</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>P.S. DUNCAN</u>			13b. MOTHER'S MAIDEN NAME <u>MARY</u>		14. NAME OF HUSBAND OR WIFE <u>Severus S.S. Porter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Julia McEllock</u>				
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, asthenia, 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>Carcinoma Liver</u>				DUE TO (b) _____				<u>3 Mo</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				<u>156A</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Anemia</u>				<u>6 Mo</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>---</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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) <u>Osborn Clinton MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>June 22, 1949</u> , to <u>June 23, 1949</u> , that I last saw the deceased alive on <u>June 23, 1949</u> , and that death occurred at <u>8 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. P. Aldridge MD</u>				23b. ADDRESS <u>Plattsburg MO</u>		23c. DATE SIGNED <u>June 25 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg MO</u>		
DATE REC'D BY LOCAL REG. <u>6-25-49</u>		REGISTRAR'S SIGNATURE <u>Wimbered W. Moser</u>		390 25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer Funeral Home</u>		ADDRESS <u>Cameron</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
16.48

2500



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 _____

Neal R Dawson

Student Embalmer No. *484*

working under my personal supervision.

Signed *Neal R Dawson*
Student Embalmer

Signed _____

E. Beecher

Licensed Embalmer No. *3960*

P. O. Address *Marysville, 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.