

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **23197**

**FILED JUL 20 1949**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 4210 Registrar's No. 1

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Ridgeway</u>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Ridgeway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva-Cane</u> b. (Middle) <u>Porter</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18 - 1949</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>2-3-1880</u>		9. AGE (In years last birthday) <u>68</u> <input type="checkbox"/> UNDER 1 YEAR Months <u>11</u> Days <u>15</u> <input type="checkbox"/> UNDER 1 WEEK Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home work</u>		11. BIRTHPLACE (State or foreign country) <u>Ridgeway Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>no</u>					

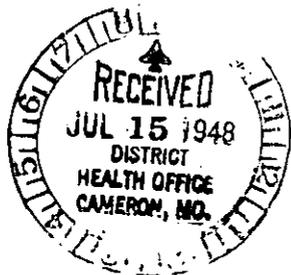
13a. FATHER'S NAME <u>William Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lucinda Shipley</u>		14. NAME OF HUSBAND OR WIFE <u>Claude Porter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Porter</u> ADDRESS <u>4120 Woodland K.C. Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Operation for thyroid 2 1/2 months ago</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerosis</u>		<u>4 1/2 yrs</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Jan 17, 1949, to Jan 18, 1949, that I last saw the deceased alive on Jan 17, 1949, and that death occurred at 7:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Letik Brewer, M.D.</u> (Degree or title)		23b. ADDRESS <u>Ridgeway</u>		23c. DATE SIGNED <u>1/20/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>1-20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kidwell Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>1 1/2 miles N. E. Martinsville Mo</u>		24e. DATE REC'D BY LOCAL REG. <u>1-20-49</u>		24f. REGISTRAR'S SIGNATURE <u>Letik Brewer</u> 118	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. Bossert</u>		ADDRESS <u>Ridgeway Mo</u>			



VS APR 21 1960

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. 328

working under my personal supervision.

Signed Gerald W. Boggers  
Student Embalmer

Signed Robert R. Boggers

Licensed Embalmer No. 95-76

P. O. Address Ridgeway 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.