

FILED SEP 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26554

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4180 Registrar's No. 23

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell</u>	c. LENGTH OF STAY (in this place) <u>70 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell</u>	25
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>10</u> <u>6:00 A.M.</u>	

3. NAME OF DECEASED (Type or Print) <u>George Thomas Porter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 19 1949</u>	
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>July 28, 1866</u>
9. AGE (In years last birthday) <u>83</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Robert Porter</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Perry</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah C. Porter</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C.O. Porter 222 Sloan St. Flint, Mich.</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, 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>Hypertensive Heart disease</u>	DUPLICATE TO (b) <u>General arteriosclerosis</u>		1 yr +
DUPLICATE TO (c) <u>Senility</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4 1/2 X

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21f. HOW DID INJURY OCCUR?
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"/>	21g. HOW DID INJURY OCCUR?	21h. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 8<sup>th</sup>, 1949, to Aug 18<sup>th</sup>, 1949, that I last saw the deceased alive on Aug. 18<sup>th</sup>, 1949, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wallace A. Selsey M.D.</u>	23b. ADDRESS <u>Campbell Mo.</u>	23c. DATE SIGNED <u>8/21/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 21, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Campbell Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lander Funeral Home Campbell, Mo.</u>	DATE REC'D BY LOCAL REG. <u>8-23-1949</u>

RECEIVED AUG 29 1949  
District Health Office No. 2  
District File Number 849-854  
Date Filed \_\_\_\_\_

**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 *Christina M. Landess*

Licensed Embalmer No. 4227

P. O. Address *Campbell, 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.