

FILED AUG 31 1949 STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

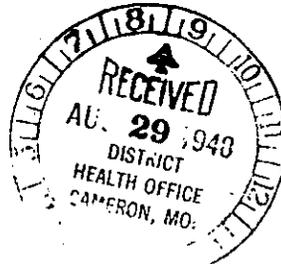
State File No. 27554

No. 300
10.48

940

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4378		Registrar's No. 201		
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway				
b. CITY (If outside corporate limits, write RURAL and give town) Ravenwood		c. LENGTH OF STAY (In this place) 3 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Ravenwood		14 15 16 17		
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home				d. STREET ADDRESS (If rural, give location) none				
3. NAME OF DECEASED (Type or Print) a. (First) JAMES			b. (Middle) ELMER		c. (Last) PORTER		4. DATE OF DEATH (Month) (Day) (Year) 8 19 49	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 3/10/75		9. AGE (In years last birthday) 74 If UNDER 1 YEAR: Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) 9		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Lewis Porter			13b. MOTHER'S MAIDEN NAME Eliza Lanning		14. NAME OF HUSBAND OR WIFE Elfia Wilcox Porter, dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Everett Porter, Maryville, Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 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.						INTERVAL BETWEEN ONSET AND DEATH 120!
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)				
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 July 26, 1949 to Aug. 19, 1949 , that I last saw the deceased alive on Aug 18, 1949 , and that death occurred at 9 A. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) M. G. Porter M.D. O.				23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED Aug. 19-1949		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Parnell		24d. LOCATION (City, town, or county) (State) Parnell, Missouri		
DATE REC'D BY LOCAL REG. 8-27-49		REGISTRAR'S SIGNATURE Ress		25. FUNERAL DIRECTOR'S SIGNATURE Miss Funeral Home		ADDRESS Maryville, Mo.		

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



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 _____

ROBERT L. SOUTER

Student Embalmer No. 309

working under my personal supervision

Student Robert L. Souter
Student Embalmer

Signed Clem M. Pisci

Licensed Embalmer No. 1822

P. O. Address Mayrill 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.