

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31198**

BIRTH NO. _____		REG. DIST. NO. 248		PRIMARY REG. DIST. NO. 4369		Registrar's No. 15					
1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Newton							
b. CITY (If outside corporate limits, write RURAL and give township) Seneca		c. LENGTH OF STAY (In this place) 59		c. CITY (If outside corporate limits: write RURAL and give township) Seneca		73					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				d. STREET ADDRESS (If rural, give location) 4							
3. NAME OF DECEASED (Type or Print) a. (First) Mattie			b. (Middle) Snyder		c. (Last) Porter		4. DATE OF DEATH (Month) (Day) (Year) Oct 1 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH July 13 1862		9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A				
13a. FATHER'S NAME John Snyder			13b. MOTHER'S MAIDEN NAME Elizabeth			14. NAME OF HUSBAND OR WIFE Henry L. Porter M.D					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Delfrene Stafford			ADDRESS Seneca			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Pyelonephritis				INTERVAL BETWEEN ONSET AND DEATH Sept 1 Aug 49 7 31 49 June 49			
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)						
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 6-1 , 19 49 , to 8-16 , 19 49 , that I last saw the deceased alive on 8-16 , 19 49 , and that death occurred at 12:50 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE M Walker				(Degree or title) M.D.		23b. ADDRESS Joplin mo		23c. DATE SIGNED 10-1-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 10-2-49		24c. NAME OF CEMETERY OR CREMATORY Newcomer's Crematory		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.					
DATE REC'D BY LOCAL REG. Oct. 1, 1949		REGISTRAR'S SIGNATURE Phyllis Brito			25. FUNERAL DIRECTOR'S SIGNATURE W. Biddlecome		ADDRESS Seneca mo				

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

RECEIVED

District Health Officer No. NEWTON Co. HEALTH UNIT
District File Number 1049-171
Date Filed OCT 5 1949

NOV 10 1949

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

W E Bidwell

Licensed Embalmer No.

2174

P. O. Address

Seneca Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.