

FILED DEC 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38150

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>257</u>		PRIMARY REG. DIST. NO. <u>5883</u>		Registrar's No. <u>30</u>			
1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Linn Twp)</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Linn Twp)</u>		76			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>Loose Creek, No. R # 1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry Raymond</u> b. (Middle) <u>Porting</u> c. (Last) <u>Porting</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5, 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>Jan. 29, 1909</u>			
9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>6</u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Stone Mason</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Loose Creek, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Frank Porting</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Fisher</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Talkem Porting</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>499-0361667</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marie Porting</u>		ADDRESS <u>Loose Creek 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> 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 <u>10 hrs</u> <u>4201</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)		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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:10 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Vernon M. Morton</u> (Degree or title) <u>Deputy Coroner</u>				23b. ADDRESS <u>Linn, Mo.</u>		23c. DATE SIGNED <u>12/5/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/7/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linn Public</u>		24d. LOCATION (City, town, or county) (State) <u>Linn, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12/8/49</u>		REGISTRAR'S SIGNATURE <u>Pa. Sumner</u> <u>235</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vernon M. Morton</u> <u>Linn, Mo.</u>					

RECEIVED
DEC 14 1949
District Health Officer No. 9,
District File Number.

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 Vernon M. Morlon

Licensed Embalmer No. 4125

P. O. Address Penn

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.