

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1594**

BIRTH NO. _____		REG. DIST. NO. <u>197</u>		PRIMARY REG. DIST. NO. <u>5607</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural)		c. LENGTH OF STAY (in this place) 11 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural		d. STREET ADDRESS (If rural, give location) 2 1/2 Mi. South Kingsville.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 miles S. Kingsville							
3. NAME OF DECEASED a. (First) George b. (Middle) Scherer c. (Last) Porter			4. DATE OF DEATH Month Jan. Day 9 Year 1950				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 14, 1877	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (State or foreign country) Missouri	
						12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Jefferson Porter			13b. MOTHER'S MAIDEN NAME Catherine Scheran			14. NAME OF HUSBAND OR WIFE Mrs. Bessie Porter	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bessie Porter Kingsville, 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 Thrombosis 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. Gen Arterio sclerosis					INTERVAL BETWEEN ONSET AND DEATH
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) _____		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 9, 1948 to Jan 9, 1950 , that I last saw the deceased alive on Jan 3, 1950 , and that death occurred at 8:00 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Kelly Rawlins M.D.				23b. ADDRESS Holden Mo		23c. DATE SIGNED 1/10/50	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-11-50		24c. NAME OF CEMETERY OR CREMATORY Johnstown		24d. LOCATION (City, town, or county) (State) Johnstown, Mo.	
DATE REC'D BY LOCAL REG. 1-10-50		REGISTRAR'S SIGNATURE Mrs B V Redford		25. FUNERAL DIRECTOR'S SIGNATURE Allen W. Crawford		ADDRESS Plant Hill Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

1580

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 Glen H Hill

Licensed Embalmer No. 4586

P. O. Address Pleasant Hill, Va

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.