

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5294

State File No. 277

Registrar's No. 297

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Hickory	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cross Timbers, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. Vernon Sanitarium		d. STREET ADDRESS (If rural, give location) Cross Timbers	
3. NAME OF DECEASED (Type or Print) a. (First) FAV		b. (Middle) PORTER	
c. (Last) FIELD		4. DATE OF DEATH (Month) (Day) (Year) March 4, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 22, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months 0 Days 12 IF UNDER 2 HRS. Hours 0 Mins. 0
11. BIRTHPLACE (State or foreign country) Nodaway County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel S. Porterfield		13b. MOTHER'S MAIDEN NAME Olive Bell Scott	
14. NAME OF HUSBAND OR WIFE Grace Miller Porterfield		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) *****	
16. SOCIAL SECURITY NO. *****		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Velma Burkholder, sister Sedalia, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) LABOR PNEUMONIA <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Labor Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Pneumonia	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 20 day 7 year 490X	
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 Feb 13, 1950 , to March 3, 1950 , that I last saw the deceased alive on March 3, 1950 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. E. Briggs, D.O.		23b. ADDRESS Wheatland Mo.	23c. DATE SIGNED 3-5-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/6/50	24c. NAME OF CEMETERY OR CREMATORY Cross Timbers	24d. LOCATION (City, town, or county) (State) Cross Timbers, Mo.
DATE REC'D BY LOCAL REG. March 8, 1950	REGISTRAR'S SIGNATURE Coil Hendricks	411	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Lane Currey Sedalia, Mo.

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

551
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RECEIVED
District Health Office No. 6
Date Recd. 350-310
Date Filed 10-50

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.