

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13436**

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

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BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mc Cune Brooks Hospital		d. STREET ADDRESS (If rural, give location) Reno Trailer Courts	
3. NAME OF DECEASED (Type or Print) a. (First) Henrietta		b. (Middle) _____ c. (Last) Porter	
4. DATE OF DEATH (Month) (Day) (Year) April 10, 1950		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 11, 1880		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Henry Depper		13b. MOTHER'S MAIDEN NAME Lucy Ann Bevins	
14. NAME OF HUSBAND OR WIFE George Porter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME George Porter, Carthage, Mo.	
18. CAUSE OF DEATH Enter 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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Generalized DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Septic Ulcer	
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) Carthage, Jasper, Mo.	
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? 1			
22. I hereby certify that I attended the deceased from 7-13 , 19 48 , to 4-10 , 19 50 , that I last saw the deceased alive on 4-10 , 19 50 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS 304 Grant Carthage, Mo.	
23c. DATE SIGNED 4-11-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4-13-1950		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	
24d. LOCATION (City, town, or county) (State) Carthage, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
DATE REC'D BY LOCAL REG. 4/13/1950		ADDRESS ULMER FUNERAL HOME, CARTHAGE, MO.	

RECEIVED 4/17/50
Jasper County Health Office

County File Number 50-4-321

Date Filed 4-18-50

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *John S. Penneby*
Licensed Embalmer No. *4194*
P. O. Address *Carthage 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.