

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13676

State File No. 65-6

0550

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

BIRTH NO. _____ REG. DIST. NO. 17E PRIMARY REG. DIST. NO. _____ Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hall-Town</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hall-Town, Mo 6550</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>x Ozark Wp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Ozark</u>			
3. NAME OF DECEASED a. (First) <u>Emma E</u> b. (Middle) <u>Porter</u> c. (Last) <u>Porter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 12 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 10 1891</u>
9. AGE (In years, by birthday) <u>58-11-2</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>St. Hope</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>
11. BIRTHPLACE (State or foreign country) <u>Near Mt Vernon, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J. H. Swanson</u>	13b. MOTHER'S MAIDEN NAME <u>Beth Fowler</u>	14. NAME OF HUSBAND OR WIFE <u>Ed Porter</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. H. Porter Hall Town 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, ashenic, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>			<u>10 min (?)</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chc. Myocarditis</u>			<u>10 yrs</u>
DUE TO (c) <u>Hypertension</u>			<u>'</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4201</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>12/2 1944</u> to <u>3/12 1950</u> , that I last saw the deceased alive on <u>1/9 1950</u> , and that death occurred at <u>9:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kenneth Glover Jr</u> (Degree or title)		23b. ADDRESS <u>Mt. Vernon, Mo</u>	23c. DATE SIGNED <u>3/13/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Medical</u>	24b. DATE <u>12-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grant Brook Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Mt Vernon Mo</u>
DATE REC'D BY LOCAL REG. <u>3-24-50</u>	REGISTRAR'S SIGNATURE <u>W. S. Bursey</u> 158	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. B Orr Mt Vernon Mo</u>	

RECEIVED APR 15 1950

District Health Office No. 6,

District File Number 450-448

Date Filed 4-15-50

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 George B Orr

Licensed Embalmer No. 946

P. O. Address Ma Remon MD

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.