

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15543

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 224

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton, Mo</u>	c. LENGTH OF STAY (In this place) <u>1293d</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paris 0696</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>		d. STREET ADDRESS (If rural, give location) <u>1 Unit</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ESTIL</u>	b. (Middle) <u>B.</u>	c. (Last) <u>PORTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>14 Sept 1894</u>
9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>9</u> YEARS <u>26</u>	IF UNDER 1 HRS. Hours <u></u> MIN. <u></u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OK</u>	11. BIRTHPLACE (State or foreign country) <u>Paris, Mo</u>	

13a. FATHER'S NAME <u>Dennis Porter</u>	13b. MOTHER'S MAIDEN NAME <u>Unit</u>	14. NAME OF HUSBAND OR WIFE <u>Unit</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unit</u>	16. SOCIAL SECURITY NO. <u>Unit</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records</u>	ADDRESS <u>Fulton</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Luetic meningitis Encephalitis</u>		
	ANTECEDENT CAUSES Morbidity 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. <u>Pneumo pneumonia</u>			<u>025X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1 June, 1950, to 4 July, 1950, that I last saw the deceased alive on 4 July, 1950, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. S. Waraich</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Fulton, Mo</u>	23c. DATE SIGNED <u>4 July 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Paris, Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-4-50</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Special Block</u> ADDRESS <u>Paris, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

142

District File Number _____
RECEIVED
JUN 10 1959
District Health Officer No. 9

JUL 13 1959

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.

Signed.....
Student Embalmer

Signed E. W. [Signature]

Licensed Embalmer No. 4003

P. O. Address [Signature]

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.