

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21296

State File No. ....

941  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>217 TWIN ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>ERNEST</u> b. (Middle) <u>JORDON</u> c. (Last) <u>PORTER</u>			4. DATE OF DEATH <u>JULY 6 1950</u> (Month) (Day) (Year)		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>APR. 17 1892</u>		9. AGE (In years last birthday) <u>58</u> Months <u>2</u> Days <u>19</u>		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ST. JOSEPH LEAD</u>		11. BIRTHPLACE (State or foreign country) <u>BONNE TERRE MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>JOHN W PORTER</u>			
13. MOTHER'S MAIDEN NAME <u>SUSIE BELLE TAYLOR</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA JANE 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>490-03-1402</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EMMA JANE PORTER</u> ADDRESS <u>BONNE TERRE MO</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma of brain.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Carcinoma of lung.</u>		DUE TO (c)		<u>3 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>None</u>				<u>163X</u>	

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 April 2, 1950, to July 5, 1950, that I last saw the deceased alive on July 5, 1950, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Van W. Taylor, M.D.</u>		23b. ADDRESS <u>5 E. Main St. Bonne Terre, Mo</u>		23c. DATE SIGNED <u>7-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 9, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCOIS MEMORIAL</u>	
24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO</u>					

DATE REC'D BY LOCAL REG. <u>July 7, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Riedel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Benham and Co. Bonne Terre, Mo</u> ADDRESS	
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JAN 1 1951

District File Number

District Health Officer No. 9,

RECEIVED JUN 10 1950

JUL 14 1950

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

*Clarence J. Claywell*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3706*

P. O. Address *Came Drive*

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.