

FILED OCT 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33978

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 4264 Registrar's No. 360

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conway Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conway Rural</u>	
c. LENGTH OF STAY (In this place) <u>82 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conway Rural Rt 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Allen</u> c. (Last) <u>Porter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 12, 1950</u>	
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>Sept. 6, 1868</u>
9. AGE (In years last birthday) <u>82</u>		<u>1</u> MONTHS	<u>6</u> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Porter</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Minnie Porter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Everett Porter</u>		ADDRESS <u>Phillipburg 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Double Lobar Pneumonia fever</u> ANTECEDENT CAUSES Morbid 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>790X</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 (Month) (Day) (Year) (Hour) (Minute) OF INJURY _____		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>Oct 1 - 1950</u> , to <u>Oct 10, 1950</u> , that I last saw the deceased alive on <u>Oct 19, 1950</u> , and that death occurred at <u>T. P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. F. Schriest M.D.</u>		23b. ADDRESS <u>Keokuk Mo.</u>	
23c. DATE SIGNED <u>Oct 24</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 14, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bear Thicket Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-26-1950</u>		REGISTRAR'S SIGNATURE <u>424 Stella L. Hays</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Holman</u>		ADDRESS <u>Lebanon, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

530

0530

OCT 26 1950

Received

Laclede County Health Unit

File No. 10-54-163

OCT 30 1950

Date Filed

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 Bersey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.