

FILED NOV 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34388**

BIRTH NO. _____ REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **5949** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution? Residence before admission). a. STATE MO b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cymene (Curre)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cymene 0820	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) JAMES b. (Middle) Arthur c. (Last) PORTER		4. DATE OF DEATH (Month) (Day) (Year) 10-14-50	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr 23 1884
9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 5 Days 21	IF UNDER 2 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Harming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lewistown Ill	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Robert Porter	13b. MOTHER'S MAIDEN NAME Sarah B Sloan	14. NAME OF HUSBAND OR WIFE Elsie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. A Porter Cymene MO ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 hr 43 40
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4 P m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Howard A. Wolfelt MD		23b. ADDRESS 606 Walnut St Waterloo Ia	23c. DATE SIGNED 10-14-50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-17-50	24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery	24d. LOCATION (City, town, or county) (State) Pike Co MO
DATE REC'D BY LOCAL REG. 10-26-50	REGISTRAR'S SIGNATURE Bill Robinson	25. FUNERAL DIRECTOR'S SIGNATURE Grace Darrhead	ADDRESS Rowley Ia MO

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

Date Received: **NOV 2 1950**
DISTRICT HEALTH OFFICE #2
District File Number: *11-50-18*
Date Filed: **NOV 6 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Harold C. Kins*.....

Licensed Embalmer No. *4597*.....

P. O. Address *Bantling Green,*.....

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.