

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38075

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6001 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY RALLS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY RALLS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Saline Township		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Saline Township		d. STREET ADDRESS (If rural, give location) Monroe City
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe City			d. STREET ADDRESS (If rural, give location) Monroe City		
3. NAME OF DECEASED (Type or Print) a. (First) MATTIE		b. (Middle) LAUREL		c. (Last) PORTER	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH MAY 7 1883		9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Months 5 Days 29 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Shelby County Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Connaway		13b. MOTHER'S MAIDEN NAME Anna Simain	
14. NAME OF HUSBAND OR WIFE Everett Earl Porter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 	
17. INFORMANT'S SIGNATURE OR NAME Earl Porter Monroe City Mo.		17. INFORMANT'S SIGNATURE OR NAME Earl Porter Monroe City 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) CARCINOMA of RT. BREAST 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. METASTASES TO SKIN, LUNG AND RIBS.			INTERVAL BETWEEN ONSET AND DEATH 5 YEARS		
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 MARCH 20, 1945 , to NOV 6, 1950 , that I last saw the deceased alive on NOV 6, 1950 , and that death occurred at 2:25 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Paul J. Webb M.D.			23b. ADDRESS Monroe City Mo		23c. DATE SIGNED Nov 7, 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-14/50	24c. NAME OF CEMETERY OR CREMATORY ST JUDES Cemetery		24d. LOCATION (City, town, or county) (State) Monroe City Missouri
DATE REC'D BY LOCAL REG. 11/15/50		REGISTRAR'S SIGNATURE Clyde Wilbey		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SON Monroe City Mo	

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

870

0870
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70X

Date Received: NOV 17 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-61
Date Filed: NOV 20 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 Leslie L. Nixon

Licensed Embalmer No. 2014

P. O. Address Monroe City, 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.

Handwritten notes:
11-50-61
5272110