

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7978

FILED APR 2 1951

BIRTH NO. _____ REG. DIST. NO. 105 PRIMARY REG. DIST. NO. 4177 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Clarkton		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Clarkton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home-City		d. STREET ADDRESS (If rural, give location) City			
3. NAME OF DECEASED (Type or Print) ROSIE		a. (First) BELL		c. (Last) PORTER	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 17, 1896		9. AGE (In years last birthday) 54		10. IF UNDER 1 YEAR: Months 11, Days 9	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Lewis Stewart		13b. MOTHER'S MAIDEN NAME Marion Frances Ford	
14. NAME OF HUSBAND OR WIFE Francis Porter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mary Huckelbery, Clarkton, Missouri		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, ashenia, 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) anemia		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		592X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		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 <u>Mar 12</u> , 19 <u>51</u> , and that death occurred at <u>8:10A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE S. M. Bailey MD		(Degree or title)		23b. ADDRESS Malden, Mo	
23c. DATE SIGNED 3/27/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 28, 1951	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Malden, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home Campbell, Mo	
DATE REC'D BY LOCAL REG. March 29-51		REGISTRAR'S SIGNATURE Marguerite George		440	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 3-30-51
COUNTY FILE NUMBER 351-91

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.....

Christina M. Landess

Signed.....
Student Embalmer

Licensed Embalmer No. 4227

P. O. Address *Campbell, 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.