

FILED JUL 9 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19508

State File No.

BIRTH NO.		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>693</u>
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>1117</u>		
c. LENGTH OF STAY (in this place) 29 days		d. STREET ADDRESS (If rural, give location) 2203 Francis St. <u>8</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				
3. NAME OF DECEASED (Type or Print) a. (First) Fannie		b. (Middle) Monroe		c. (Last) Porter
4. DATE OF DEATH (Month) (Day) (Year) June 29, 1951				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed <input checked="" type="checkbox"/>	8. DATE OF BIRTH September 7, 1864	9. AGE (In years last birthday) 86
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) Old Charleston, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Nicholas J. Wykert		13b. MOTHER'S MAIDEN NAME Mary Jane Mueller		14. NAME OF HUSBAND OR WIFE Dixon A. 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 ADDRESS Mr. Charles A. Porter St. Joseph, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Neuronopathy <u>1 wk</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis over 1 yr DUE TO (c) Atherosclerotic Heart Disease <u>1 yr</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200			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)	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>4-27-</u> , 19 <u>50</u> , to <u>6-28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-28</u> , 19 <u>51</u> , and that death occurred at <u>3:00A.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <i>Carl C. Caslet</i> (Degree or title)		23b. ADDRESS 218 North 7th Street.		23c. DATE SIGNED 6-29-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/2/1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
DATE REC'D BY LOCAL REG. July 2, 1951	REGISTRAR'S SIGNATURE <i>Carl C. Caslet</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Heaton-Bowman Funeral Home - St. Joseph, Mo.</i>		

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

1170

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 William Spalding.....

Licensed Embalmer No. 4575.....

P. O. Address 314 S. 11th St. Joseph, 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.