

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20323**
2539

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City, Mo.
c. LENGTH OF STAY 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION Northeast Osteopathic

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE R.R. Amoret Mo. b. COUNTY Bates
c. CITY OR TOWN Amoret Mo. 0070
d. STREET ADDRESS R.R. # 2

3. NAME OF DECEASED
a. (First) HARRY b. (Middle) KELLY c. (Last) PORTER
4. DATE OF DEATH June 12 1951

5. SEX Male 6. COLOR OR HAIR White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Single 8. DATE OF BIRTH 8-29-99 9. AGE (In years, last birthday) 51 9. AGE (In years, last birthday) 51 9. AGE (In years, last birthday) 51

10a. USUAL OCCUPATION Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (State or foreign country) Clarendon Iowa 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Joseph H. Porter 13b. MOTHER'S MAIDEN NAME Jennie Elora Kelly 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. No 17. INFORMANT'S SIGNATURE OR NAME Jennie Elora Kelly Porter 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 Amoret Mo
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis INTERVAL BETWEEN ONSET AND DEATH 3 Days
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intestinal Obstruction 3 Days
DUE TO (c) Gangrenous appendicitis 7 Days
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Leucopenia 5501

19a. DATE OF OPERATION 6-7-51 19b. MAJOR FINDINGS OF OPERATION 6-7-51 Gangrenous appendix, 6-11-51 Intestinal obstruction + Peritonitis 20. AUTOPSY? YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) X 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from 6-7-, 1951, to 6-12, 1951, that I last saw the deceased alive on 6-12, 1951, and that death occurred at 7:50 m., from the causes and on the date stated above.

23a. SIGNATURE Frank E. Day (Degree or title) D.O. 23b. ADDRESS 4314 29th St. E. Mo 23c. DATE SIGNED 6-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-14-51 24c. NAME OF CEMETERY OR CREMATORY Mulberry 24d. LOCATION (City, town, or county) (State) Bates Co. Missouri

DATE REC'D BY LOCAL REG. 6-14-51 REGISTRAR'S SIGNATURE Meraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE Archer & Mangold ADDRESS Amsterdam Mo.

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

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.....
Student Embalmer

Signed L. A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.