

S. No. 300
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22008**

FILED JUL 25 1951

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **300.5** Registrar's No. **524**

0071

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

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Township unknown)	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Melvin c. (Last) Porter			4. DATE OF DEATH (Month) (Day) (Year) July 11, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 8, 1871	9. AGE (In years last birthday) 79	# UNDER 1 YEAR 7 # UNDER 6 MOS. 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, ret.		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Preston Porter		13b. MOTHER'S MAIDEN NAME Zerilda Morning		14. NAME OF HUSBAND OR WIFE Nancy 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 Mrs. Opal Craft, Butler, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		5 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal Influenza DUE TO (c) _____		3 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		482x	

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 **July 9th, 1951**, to **July 11th, 1951**, that I last saw the deceased alive on **July 11th, 1951**, and that death occurred at **7:00 a.m.** (from the causes and on the date stated above.)

23a. SIGNATURE L. S. Lathrop, M.D. (Degree or title)		23b. ADDRESS Butler, Mo.		23c. DATE SIGNED 7-12-51	
---	--	---------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/18/1951		24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery		24d. LOCATION (City, town, or county) (State) Lamar, Missouri	
---	--	----------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. July 14-51		REGISTRAR'S SIGNATURE Kendall [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home, Lamar, Mo.		ADDRESS	
--	--	--	--	---	--	---------	--

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-24-51

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 Clarence W. Chile

Licensed Embalmer No. 3472

P. O. Address James 760

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.