

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30981**

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|--|--|---|------------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 257 | PRIMARY REG. DIST. NO. 5883 | Registrar's No. 26 |
| 1. PLACE OF DEATH a. COUNTY OSAGE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOOSE CREEK, MO. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOOSE CREEK 0760 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION LINN TOWNSHIP | | d. STREET ADDRESS (If rural, give location) LINN TOWNSHIP | | |
| 3. NAME OF DECEASED (Type or Print) THEODORE | | b. (Middle) PORTING | | c. (Last) _____ |
| 4. DATE OF DEATH SEPT. 13, 1951 | | 5. SEX MALE 6. COLOR OR RACE WHITE | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH FEB. 12, 1876 | | 9. AGE (In years last birthday) 75 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) LOOSE CREEK, MO. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME PETER PORTING | | |
| 13b. MOTHER'S MAIDEN NAME CONRADINE BACKES | | 14. NAME OF HUSBAND OR WIFE MARY WINKLE | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME Herbert Porting ADDRESS LOOSE CREEK, 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, aethenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH Immediate |
| ANTECEDENT CAUSES | | DUE TO (b) Cerebral Hemorrhage | | 1946 |
| | | DUE TO (c) Small Arterio Sclerosis | | 30 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | Hemiplegia left partial | | 5 yrs |
| 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) 331X |
| 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 6-29-1951 , to 9-10-1951 , that I last saw the deceased alive on 9-10-1951 , and that death occurred at 9 AM. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE Wm W. Baldwin (Degree or title) D.O. | | 23b. ADDRESS Linn | | 23c. DATE SIGNED 9/15/51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE SEPT. 17, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY LOOSE CREEK |
| 24d. LOCATION (City, town, or county) (State) LOOSE CREEK, MO. | | 25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Gulle ADDRESS J. C. MO. | | |
| DATE REC'D BY LOCAL REG. Sept 15-1951 | | REGISTRAR'S SIGNATURE E. A. Dumas 236 | | |

(Licensed Embalmer's Statement of Reverse Side)

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

FILED SEP 26 1951

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 19 1951

RECEIVED

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 _____

Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson 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.