

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. **32829**
State File No. _____

FILED NOV 14 1951

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>363</u>	
1. PLACE OF DEATH a. COUNTY <u>CAPE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (If applicable) <u>17 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>		<u>1203</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>ST FRANCIS HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PORTER</u> b. (Middle) _____ c. (Last) <u>KENDALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-7-1951</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MARCH 14, 1878</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DENTIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DENTISTRY</u>		11. BIRTHPLACE (State or foreign country) <u>SIKESTON MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>O.F. KENDALL</u>			13b. MOTHER'S MAIDEN NAME <u>SUE CRANEY</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-05-8130</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alfred Sikes</u>		ADDRESS <u>SIKESTON MO</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture neck left femur</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Uremia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>9030</u>				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.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>SIKESTON</u> (COUNTY) <u>SCOTT</u> (STATE) <u>MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 21 51 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall in home.</u>			
22. I hereby certify that I attended the deceased from <u>Oct 21, 1951</u> , to <u>Nov 7, 1951</u> , that I last saw the deceased alive on <u>Nov 7, 1951</u> , and that death occurred at <u>5:30 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thomas S. Otto M.D.</u> (Degree or title)				23b. ADDRESS <u>Cape Girardeau</u>		23c. DATE SIGNED <u>Nov 8/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-8-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>SIKESTON MO</u>		
DATE REC'D BY LOCAL REG. <u>11-8-51</u>		REGISTRAR'S SIGNATURE <u>T.C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Weld Funeral Home - Sikeston Mo.</u> ADDRESS _____			

OCT 4 1951

RECEIVED

NOV 13 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 *Raymond Lewis*

Licensed Embalmer No. *3467*

P. O. Address *Sikeston 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.