

FILED NOV 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36721

State File No.

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5295 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY OR TOWN <u>Rural Concord Twp</u>		c. CITY OR TOWN <u>Rural Concord Twp. 0250</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Quinn Rest Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Quinn Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Annette</u> b. (Middle) <u>Vida</u> c. (Last) <u>Porter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 15 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>JAN. 1 1870</u>		9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>10</u> DAYS <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Home Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Thomas J. Porter</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Shepherd</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. Geoff Russell 5418 Blackstone Chicago, Ill.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> <u>several years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>	
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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 <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct. 31, 1951, to Nov. 15, 1951, that I last saw the deceased alive on 11-9, 1951, and that death occurred at 5 P m., from the causes and on the date stated above.

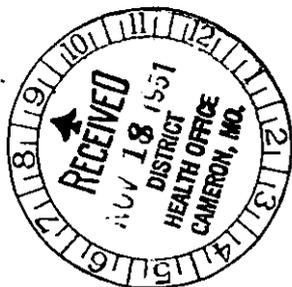
23a. SIGNATURE (Type or Print) <u>F. J. Luckenbill, MD</u>		23b. ADDRESS <u>Plattsburg, Mo.</u>		23c. DATE SIGNED <u>11-15-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/17/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORAN</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>					

DATE REC'D BY LOCAL REG <u>Nov. 16, 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Secare</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. W. Lyon Plattsburg, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

250
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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: Danell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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: