

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37964

State File No. _____

FILED DEC 5 1951
BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3644 Registrar's No. 120

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

1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Lexington		c. CITY (If outside corporate limits, write RURAL and give township) Lexington	
c. LENGTH OF STAY (In this place) 3 yrs.		d. STREET ADDRESS (If rural, give location) P. R. 1/2 miles South west	
d. FULL NAME OF HOSPITAL OR INSTITUTION Goodloe Rest Home			

3. NAME OF DECEASED (Type or Print) LOUIS PORTER			4. DATE OF DEATH (Month) (Day) (Year) November 7 1951		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unmarried		8. DATE OF BIRTH Nov. 7, 1868		9. AGE (In years last birthday) Months Days 93 0 0		10. IF UNDER 14 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farmington			11. BIRTHPLACE (State or foreign country) Boone Co., Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE None		
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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 Mr. Thomas Porter		ADDRESS Amelia, Neb.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH Years	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Brain disease							
		ANTECEDENT CAUSES							
		MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **Nov. 7, 1948**, to **Nov 7, 1951**, that I last saw the deceased alive on **Nov 5, 1951**, and that death occurred at **7:40 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Keppensonic Jr. M.D.		23b. ADDRESS Wiggamville, Mo.		23c. DATE SIGNED Nov 15, 1951	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE Nov 8 1951		24c. NAME OF CEMETERY OR CREMATORY Forest Green		24d. LOCATION (City, town, or county) (State) Lexington Mo.	
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DATE REC'D BY LOCAL REG. Nov. 29, 1951		REGISTRAR'S SIGNATURE Missouri State Health Dept.		156		25. FUNERAL DIRECTOR'S SIGNATURE George H. Green		ADDRESS Marshall, Mo.	
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RECEIVED DEC 4 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 4 1951

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 George H Green

Signed _____
Student Embalmer

Licensed Embalmer No. 4220

P. O. Address Marshall, N.C.

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.