

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20629

State File No. _____

2792

FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 16 yrs.		d. STREET ADDRESS (If rural, give location) 7529 Brooklyn	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital			

3908

3. NAME OF DECEASED a. (First) Richard b. (Middle) E. c. (Last) Porter			4. DATE OF DEATH (Month) (Day) (Year) 6 18 52			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 5-28-1936	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Paseo High School		11. BIRTHPLACE (State or foreign country) K. C. Ks.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jack A. Porter		13b. MOTHER'S MAIDEN NAME Rose Green		14. NAME OF HUSBAND OR WIFE Jack A. Porter - Lenexa, Ks.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jack A. Porter Lenexa, Ks.	

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		INTERVAL BETWEEN ONSET AND DEATH 29718
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Phosphorus Poisoning		
	ANTECEDENT CAUSES Morbid 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 7529 Brooklyn	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson, MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 16 52 4Pm.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? RAT POISON - PASTE FORM	

22. I hereby certify that I attended the deceased from 6-16, 1952, to 6-18, 1952, that I last saw the deceased alive on 6-17, 1952, and that death occurred at 3:00Am., from the causes and on the date stated above.

23a. SIGNATURE Chester E. Lee MD (Degree or title)		23b. ADDRESS 174 Plaza Two Bldg. KC Mo 6-18-52		23c. DATE SIGNED 6-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-20-52	24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 6-18-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody McGilley-Eylar KCMO.	

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

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 Glen E. Heck

Signed.....
Student Embalmer

Licensed Embalmer No. 4063

P. O. Address Kansas 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.