

STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED JUL 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5345 Registrar's No. 59

290

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

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Dade</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Rural Sac Twp</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Rural Sac, Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>10 mi. n of greenfield Mo</b>		d. STREET ADDRESS (If rural, give location) <b>10 mi. n of reenfield Mo.</b>	
3. NAME OF DECEASED a. (First) <b>John</b> b. (Middle) <b>Rolf</b> c. (Last) <b>Porterfield</b>			4. DATE OF DEATH (Month) <b>July</b> (Day) <b>14</b> (Year) <b>1952</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>4-1-1907</b>
9. AGE (in years) last birthday <b>45</b>		IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 24 HRS. Days <b>13</b> Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dade Co Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>F.M. Porterfield</b>	
13b. MOTHER'S MAIDEN NAME <b>Eva Porterfield</b>		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) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>F.M. Porterfield</b> ADDRESS <b>Greenfield Mo</b>
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) <b>Apoplexy</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b> 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 <b>334 X</b>		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 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 <b>After Death</b> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. C. When Coroner</b>		23b. ADDRESS <b>Lockwood Mo</b>	23c. DATE SIGNED <b>7-14-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-19-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Divine</b>	24d. LOCATION (City, town, or county) (State) <b>Dade Co Mo.</b>
DATE REC'D BY LOCAL REG. <b>7-16-52</b>	REGISTRAR'S SIGNATURE <b>Geo. K. Wentz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. R. Allison</b> ADDRESS <b>Greenfield Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

**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 W.P. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, 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.