

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **107**

FILED JAN 31 1953

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 4020 Registrar's No. 17

0046

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

1. PLACE OF DEATH a. COUNTY <u>Audrain, Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Audrain.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martinsburg, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martinsburg, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>3 WTS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Martinsburg Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sue</u> b. (Middle) <u>Ella</u> c. (Last) <u>Porter,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28th 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>July 24-1871</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Americus, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Lafayette Benson,</u>		13b. MOTHER'S MAIDEN NAME <u>Leanna Jane Moore,</u>	
14. NAME OF HUSBAND OR WIFE <u>Le Roy Porter,</u>		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 AND ADDRESS <u>Am Baker Bluffton Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis + myocardial degeneration</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 Wks</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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. <u>4229</u>			
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) (Min.)		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 <u>12-6</u> 19 <u>52</u> to <u>Jan 28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 28</u> , 19 <u>53</u> and that death occurred at <u>11 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. W. Wilkerson MD</u>		23b. ADDRESS <u>Willsville Mo</u>	
23c. DATE SIGNED <u>1-29-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 29th 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bethon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Americus, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 29-1953</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Padon Baker</u>		ADDRESS <u>Americus, Mo.</u>	

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 D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.