

## STANDARD CERTIFICATE OF DEATH

State File No. **10537**

FILED MAR 21 1953

REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5706** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Anderson (Rural)</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Anderson (R)</b> <b>0600</b>	
c. LENGTH OF STAY (In this place) <b>1 Year</b>		d. STREET ADDRESS (If rural, give location) <b>Home</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <b>DICEY</b> b. (Middle) <b>MINERVA</b> c. (Last) <b>PORTER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3-4-1953</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>8-24-1872</b>
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b>10</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (State or foreign country) <b>Cassville Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>John Hee</b>		13b. MOTHER'S MAIDEN NAME <b>Dicey Proctor</b>	
14. NAME OF HUSBAND OR WIFE <b>John Porter</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>John Porter Anderson Mo</b>		ADDRESS	
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer Caecum</b>		2	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Tuberculosis</b>		14da.	
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>153X</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>Feb 6, 1953</b> , to <b>Mar 4, 1953</b> , that I last saw the deceased alive on <b>Mar 4, 1953</b> , and that death occurred at <b>6:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Scott Russell Doxey</b>		23b. ADDRESS <b>Phoebe Mo</b>	
23c. DATE SIGNED <b>3/14/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-6-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Stebba Mo RT.</b>	
DATE REC'D BY LOCAL REG. <b>3-16-53</b>		REGISTRAR'S SIGNATURE <b>Mayme Humphrey</b>	
25. FEDERAL DIRECTOR'S SIGNATURE <b>J. M. Humphrey</b>		ADDRESS <b>Phoebe Mo</b>	

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

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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 *H. M. Humphrey Jr.*

Licensed Embalmer No. 4768

P. O. Address Noel, 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.