

0.300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25309

FILED JUL 16 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 286

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	c. LENGTH OF STAY (in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty	6001
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Independence Hospital		d. STREET ADDRESS (If rural, give location) 418 E. Mississippi	

3. NAME OF DECEASED (Type or Print) a. (First) Virgil	b. (Middle) Roe	c. (Last) Porter	4. DATE OF DEATH (Month) (Day) (Year) July 8, 1953		
-------------------------------------------------------	-----------------	------------------	----------------------------------------------------	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 29, 1893	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Mins.
-------------	------------------------	----------------------------------------------------------------	---------------------------------	------------------------------------	------------------------	------------------------	-------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist	10b. KIND OF BUSINESS OR INDUSTRY drug Store	11. BIRTHPLACE (State or foreign country) Plattsburg, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
------------------------------------------------------------------------------------------------------	----------------------------------------------	----------------------------------------------------------------	----------------------------------

13a. FATHER'S NAME V. R. Porter	13b. MOTHER'S MAIDEN NAME Florence Turner	14. NAME OF HUSBAND OR WIFE Eleanor Spessard
---------------------------------	-------------------------------------------	----------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eleanor S. Porter Liberty, Mo.
---------------------------------------------------------------------------------------------------------------	---------------------------------	--------------------------------------------------------------------------

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, asphyxia, 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) Myocardial infarction, anterior + septal	DUE TO (b) Arterio-sclerotic heart disease	DUE TO (c) Generalized athero-sclerosis	18 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.	Chronic Thrombo-phlebitis, lower extremities		5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			10 yrs.

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)	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) (m.)	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 July 8, 1953, to July 8, 1953, that I last saw the deceased alive on July 8, 1953, and that death occurred at 8:55 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. D. Schroeder M.D.	23b. ADDRESS Liberty, Mo.	23c. DATE SIGNED 7/9/53
-------------------------------------------------------	---------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-11-53	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Plattsburg, Missouri
--------------------------------------------------	-------------------	-------------------------------------------------------	--------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 7-11-53	REGISTRAR'S SIGNATURE [Signature]	354	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tyler Parley James Home Liberty, Mo.
----------------------------------	-----------------------------------	-----	-------------------------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 30 1938

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 Charles F. Tyle

Licensed Embalmer No. 14534

P. O. Address Liberty 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.