

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39229**  
**5422**

FILED DEC 2 - 1953

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

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>15 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>1300 East 32nd Terrace</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>Fred</u> b. (Middle) <u>J.</u> c. (Last) <u>Porter</u> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 14, 1953</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 1, 1888</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Supervisor—Western Weighing &amp; Inspection</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Bureau</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Black Hawk, Colorado</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>William Porter</u> <b>13b. MOTHER'S MAIDEN NAME</b> <u>Agnes Boxwell</u> <b>14. NAME OF HUSBAND OR WIFE</b> <u>Cecil L. Porter</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Cecil L. Porter</u> <b>ADDRESS</b> <u>1300 E. 32 Terr., K.C. MO.</u>
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus (mild)</u> <u>Arterial Hypertension</u>		<u>2 yrs.</u> <u>?</u>	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> <u>Refused</u> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from _____, 19<u>45</u>, to <u>Nov 14</u>, 19<u>53</u>, that I last saw the deceased alive on <u>Nov 12</u>, 19<u>53</u>, and that death occurred at <u>10:45 AM</u>, from the causes and on the date stated above.             </b>			
<b>23a. SIGNATURE</b> (Name or title) <u>Carl R. Ferris</u>		<b>23b. ADDRESS</b> <u>934 24th St Bldg</u>	<b>23c. DATE SIGNED</b> <u>Nov 16, 1953</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>	<b>24b. DATE</b> <u>11/16/53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> _____	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Salina, Kansas</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>11-16-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Seraldine Smith</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>STINE &amp; McCLURE UND. CO.</u> <b>ADDRESS</b> <u>K.C. 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.....  
Signature of Student Embalmer

Signed... *Herald A. Burger* .....

Licensed Embalmer No... *4763* .....

P. O. Address... *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.