V.S. No. 300
Rev. 10.48

FILED DEC 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39758

BIRTH NO. _____ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 5794 Registrar's No. 57

0680
1

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

1. PLACE OF DEATH
a. COUNTY Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Moreau
c. LENGTH OF STAY (in this place) 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4 Miles South Clarksburg

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Moreau 0680
d. STREET ADDRESS (If rural, give location) 4 Miles South Clarksburg 0

3. NAME OF DECEASED (Type or Print)
a. (First) Benton
b. (Middle) Davis
c. (Last) Porter

4. DATE OF DEATH (Month) (Day) (Year) Dec. 2, 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Oct. 12, 1861
9. AGE (In years last birthday) 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and State or Foreign Country) Syracuse, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME D.L. Porter
13b. MOTHER'S MAIDEN NAME Susan E. Mc Daniel
14. NAME OF HUSBAND OR WIFE Mattie M. Porter (dead)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Issac Donley, Clarksburg, Mo — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized arteriosclerosis — 5 years
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 446-X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 6, 1951, *to* Dec 1, 1953, *that I last saw the deceased alive on* Dec 1, 1953, *and that death occurred at* 7:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE Kenyon Latham (Degree or title) M.D.
23b. ADDRESS California, Mo
23c. DATE SIGNED 12-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Dec. 3, 1953
24c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery
24d. LOCATION (City, town, or county) (State) Sharon, Kansas

DATE REC'D BY LOCAL REG. 12-5-53
REGISTRAR'S SIGNATURE H L Popejoy HLR 202-
25. FUNERAL DIRECTOR'S SIGNATURE Jewell E. Richards — ADDRESS Tipton, Mo

(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 Jewell E. Richards

Licensed Embalmer No. 2464

P. O. Address Lupton, 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.