

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3646

State File No.

FILED FEB 2 1954

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4477 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>SCHUYLER 0980</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCHUYLER</u>	
b. CITY OR TOWN <u>GLENWOOD</u>		c. LENGTH OF STAY (in this place) <u>89 yrs</u>	c. CITY OR TOWN <u>GLENWOOD</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2</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>0980</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>WILSON</u> c. (Last) <u>PORTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 29, 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 13, 1864</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>J.W. PORTER</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH G. WELLS</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA BELLE PORTER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ALICE PORTER</u> ADDRESS <u>GLENWOOD, MO</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 HOUR</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIO SCLEROSIS</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC CHOLECYSTITIS</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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) 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 Jan 28, 1954, to Jan 29, 1954, that I last saw the deceased alive on Jan 29, 1954, and that death occurred at 5-A-m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H.R. Stokes, D.O.</u>	23b. ADDRESS <u>Lancaster, Missouri</u>	23c. DATE SIGNED <u>Jan 30, 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 31, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GLENWOOD</u>
		24d. LOCATION (City, town, or county) (State) <u>100 F GLENWOOD, MO</u>

DATE REC'D BY LOCAL REG. <u>Jan 29-54</u>	REGISTRAR'S SIGNATURE <u>Bessie B. J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Neal Lancaster</u> ADDRESS <u>MO</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 3 1957

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 *Everett R. Neal*.....

Licensed Embalmer No. *4038*.....

P. O. Address *Concaston*.....

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.