No. 300
10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

4112

State File No. .....

FILED MAR 8 1954

BIRTH NO. ..... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5129 Registrar's No. 215

0110 0

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Platte Twp
c. LENGTH OF STAY (in this place): 1 Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence RR#2, Gower

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gower, Rural, Platte TWP.
d. STREET ADDRESS (If rural, give location): R.F.D. #2 0110

**3. NAME OF DECEASED** (Type or Print)
a. (First): William
b. (Middle): C.
c. (Last): Porter

**4. DATE OF DEATH** (Month) (Day) (Year): 2 26 1954

**5. SEX**: male 0
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: 11/5/1878
**9. AGE** (In years last birthday): 75 — 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): farming
**10b. KIND OF BUSINESS OR INDUSTRY**: farming
**11. BIRTHPLACE** (State or foreign country): Osborne, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: William Porter
**13b. MOTHER'S MAIDEN NAME**: Unknown.
**14. NAME OF HUSBAND OR WIFE**: Evelyn Porter
**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**: W.M. Porter — ADDRESS: Gower, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cremated in House fire — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) .....

DUE TO (c) Man was burned to death while alone in his home, when the house was consumed by fire — E9160 16

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**: Cause of the fire unknown
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
**21c.** (~~CITY,~~ TOWN, OR TOWNSHIP): Platte (COUNTY) Buchanan 011 (STATE) Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Feb 26, 1954 4:00 A.M.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: House Fire

22. *I hereby certify that I ~~attended~~ the deceased from* On 2/26, 1954, *to* ....., 19..., *that I last saw the deceased alive on* ....., 19..., *and that death occurred at* 4:00 A. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: H F Murphy M.D. (Degree or title) Coroner
**23b. ADDRESS**: St Joseph Mo.
**23c. DATE SIGNED**: 2/26/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: 2/28/1954
**24c. NAME OF CEMETERY OR CREMATORY**: Allen Cemetery
**24d. LOCATION** (City, town, or county) (State): Gower, Mo.

**DATE REC'D BY LOCAL REG.**: Feb 27, 1954
**REGISTRAR'S SIGNATURE**: Esther M. Allison 489
**25. FUNERAL DIRECTOR'S SIGNATURE**: John H. Murray — **ADDRESS**: Gower, 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 Me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Gower, 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.