

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7669**

FILED APR 9 1954

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 5031 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Cuivre Twnshp</u>) c. LENGTH OF STAY (in this place) <u>Many Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cuivre Twnshp</u> <u>0048</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>5 miles south Vandalia</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles south Vandalia</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Myron</u> b. (Middle) <u>D.</u> c. (Last) <u>Porter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 31, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 6, 1868</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 1 YEAR Days <u>25</u>	IF UNDER 1 MRS. Hours <u></u>	Min. <u></u>
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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>Stock & Grain</u>	11. BIRTHPLACE (State or foreign country) <u>Vandalia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>John W. Porter</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Boyer</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret E. Porter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (specify unknown) If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clyde Porter, Vandalia, Missouri</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		<u>Chronic</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____		<u>Chronic</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Enlarged Prostate</u>		<u>Chronic</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 3-8-, 1954, to 3-31-, 1954 that I last saw the deceased alive on 3-30-, 1954, and that death occurred at 6 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W R McCall M.D.</u>	23b. ADDRESS <u>Ladonna Mo.</u>	23c. DATE SIGNED <u>3-31-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Audrain Co. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 7 1954</u>	REGISTRAR'S SIGNATURE <u>Mallic Dugue</u>	FUNERAL DIRECTOR'S SIGNATURE <u>William O. Waters</u>	ADDRESS <u>Vandalia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 William B. Gates

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.