

No. 300
10.48

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15244

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Taney	c. LENGTH OF STAY (In this place) 70	c. CITY OR TOWN Rural, Taney Twp. S. Gallop	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark, Mo R R Taney		e. STREET ADDRESS (If rural, give location) Ozark Mo, R R	0220

3. NAME OF DECEASED (Type or Print) James A Porter			4. DATE OF DEATH (Month) (Day) (Year) May 13 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 5, 1875		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm M Porter	13b. MOTHER'S MAIDEN NAME Margaret Elliot	14. NAME OF HUSBAND OR WIFE Ethel N Porter
--------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Ethel N Porter, Ozark 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1. Coronary heart disease 2. Rheumatic heart disease, mitral 3. Arteriosclerosis 4. Diabetes mellitus - 10 yrs 5. arteriosclerosis generalized - 4 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 52, 1954, to 13 May, 1954, that I last saw the deceased alive on 13 May, 1954, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. D. Roper (Degree or title) M.D.	23b. ADDRESS Ozark, Mo	23c. DATE SIGNED 21 May 54
---	------------------------	----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 16, 1954	24c. NAME OF CEMETERY OR CREMATORY Porter Cemetery	24d. LOCATION (City, town, or county) (State) Christian Mo
--	------------------------	--	--

DATE REC'D BY LOCAL REG. JUN 10 1954	REGISTRAR'S SIGNATURE Loretta Leonard	59-9	25. FUNERAL DIRECTOR'S SIGNATURE Chaffin Samuel	ADDRESS Home Ozark, Mo
--------------------------------------	---------------------------------------	------	---	------------------------

(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.....
Signature of Student Embalmer

Signed..... *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address... *Ozark, 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.