

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

11494

BIRTH NO. REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>615 Stafford St.</u>		e. STREET ADDRESS (If rural, give location) <u>615 Stafford St.</u>	

3. NAME OF DECEASED (Type or Print) <u>Mary</u>	a. (First) <u>Mary</u>	b. (Middle) <u>A</u>	c. (Last) <u>Watson</u>	4. DATE OF DEATH <u>April 18, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>March 27-1924</u>	9. AGE (In years last birthday) <u>31</u> Months <u>0</u> Days <u>21</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garment Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Garment Factory</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Herculaneum, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Joseph W. Portell</u>	13b. MOTHER'S MAIDEN NAME <u>Pauline Degonia</u>	14. NAME OF HUSBAND OR WIFE <u>George Portell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-22-9900</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Portell</u> ADDRESS <u>Herculaneum Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Dropped dead in home while dressing</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Dropped dead in home while dressing</u>	20. AUTOPSY? <u>YES</u> ☐ <u>NO</u> ☐
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington, Franklin, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 18 1955 6:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? <u>Dropped dead in home</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Orson L. Ottmann</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Sealed, Missouri</u>	23c. DATE SIGNED <u>Apr. 18, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 21, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Herculaneum, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4/18/55</u>	REGISTRAR'S SIGNATURE <u>L. E. Heidmann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Webb</u> ADDRESS <u>Washington, 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.....
Signature of Student Embalmer

Signed *Ernest A. Vitt*.....
3254
Licensed Embalmer No. *3254*

P. O. Address *Washington*

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.