FILED JUL 20 1955

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

5793

State File No. 22958

BIRTH NO. _____ REG. DIST. NO. 224 221 PRIMARY REG. DIST. NO. 3046 Registrar's No. 39

**1. PLACE OF DEATH**

a. COUNTY: Moniteau Co

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Linn

c. LENGTH OF STAY (in this place): 8 Yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt $ 1. Jamestown, Mo

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Moniteau

c. CITY OR TOWN: Jamestown, Mo

d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒

e. STREET ADDRESS (If rural, give location): Rt # 1

0680

**3. NAME OF DECEASED** (Type or Print)

a. (First): Linda

b. (Middle): Marylin

c. (Last): Porter

**4. DATE OF DEATH** (Month) (Day) (Year): July 22 1955

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single

**8. DATE OF BIRTH**: Mar 12 1945

**9. AGE** (In years last birthday): 10 — IF UNDER 1 YEAR: Months 4, Days 10 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): School Girl

**10b. KIND OF BUSINESS OR INDUSTRY**: None

**11. BIRTHPLACE** (City and State or Foreign Country): Missouri

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Raymond Porter

**13b. MOTHER'S MAIDEN NAME**: Wanda N. Bolin. Porter

**14. NAME OF HUSBAND OR WIFE**: None

**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.**: No

**17. INFORMANT'S SIGNATURE OR NAME**: Raymond Porter — ADDRESS: Jamestown 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): Fracture of skull

INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

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.*

E8510 29

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**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.): Private farm road

**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) 068 (STATE): 4 mi. West Jamestown Moniteau Mo.

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): July 22, 1955 50 30 m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒

**21f. HOW DID INJURY OCCUR?** run over by truck on private road.

22. *I hereby certify that I attended the deceased from* dead when first seen *19___ to ___, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at* 5/30P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Kenyon Latham M.D. Coroner

**23b. ADDRESS**: California, Mo.

**23c. DATE SIGNED**: 7-23-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 7/24/55

**24c. NAME OF CEMETERY OR CREMATORY**: Flag Spring Cemetery

**24d. LOCATION** (City, town, or county) (State): Rural - California, Mo

**DATE REC'D BY LOCAL REG.**: 7/23/55

**REGISTRAR'S SIGNATURE**: Clyde A. Bridges

**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: Essel Bowlin - California, 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 eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Jack D. Boulin.....

Licensed Embalmer No. 193

P. O. Address California,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.