

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24226**  
Registrar's No. **5694**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Murphysboro</b>	
c. LENGTH OF STAY (in this place) <b>24 Days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>20</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri-Pacific Hosp</b>			
e. STREET ADDRESS (If rural, give location) <b>607 North 14th St.</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>George</b>	b. (Middle) <b>Thomas</b>	c. (Last) <b>Porter</b>	(Month) <b>June</b>	(Day) <b>30</b>	(Year) <b>1955</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr. 16, 1881</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Switchman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	--	--

13a. FATHER'S NAME <b>John Edwin Porter</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth A. Porter</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>718-07-6405</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth A. Porter</b>	ADDRESS <b>Murphysboro Ill</b>
--	--	--	--------------------------------

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 <b>3</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ventricular fibrillation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary fibrillation</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Paralytic Ileus</b>			

19a. DATE OF OPERATION <b>24 June 55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Benign Prostatic Hypertrophy &amp; of Bladder Diverticulum</b>	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>610 X</b>
--	--	---

22. I hereby certify that I attended the deceased from **June 10, 1955**, to **20 June, 1955** that I last saw the deceased alive on **22 June, 1955** and that death occurred at **Gillem**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. E. Vitt</b> (Degree or title)	23b. ADDRESS <b>St. Louis, Mo</b>	23c. DATE SIGNED <b>30 June 55</b>
--	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-30-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Tower Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Murphysboro, Illinois.</b>
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. <b>JUL 1 1955</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington</b>
--	---	---	--------------------------------

WRITE PLAINLY - USING UNFADEING 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 *Elton H. Remelin*.....

Licensed Embalmer No. *428*

P. O. Address *St. Louis*.....

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.