

FILED OCT. 13 1955

STANDARD CERTIFICATE OF DEATH

State File No. 366

0-48

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6244</u>		Registrar's No. <u>65</u>								
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>										
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Union</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Union</u>		<u>1100</u>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. #1, Cadet</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. #1, Cadet</u>										
3. NAME OF DECEASED (Type or Print) <u>Caroline</u>			a. (First)		b. (Middle)		c. (Last) <u>Portell</u>							
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3 1955</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>2-22-1872</u>						
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u>11</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ownhome</u>						
11. BIRTHPLACE (State or foreign country) <u>Washington County, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Louis Portell</u>			13b. MOTHER'S MAIDEN NAME <u>Rosine Boyer</u>			14. NAME OF HUSBAND OR WIFE XXXXXXXXXX		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs May ReCar. Cadet Rt 1. Mo</u>			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, asthma, 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>Apoplexy</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>										
				DUE TO (c) <u>332X</u>										
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.														
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) m.			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 <u>9-2</u> , 1955, to <u>10-3</u> , 1955, that I last saw the deceased alive on <u>9-30</u> , 1955, and that death occurred at <u>10: P</u> m., from the causes and on the date stated above.														
23a. SIGNATURE <u>Joseph L. Thurman - M.D.</u> (Degree or title)						23b. ADDRESS <u>121 E-high. Potosi, Mo</u>			23c. DATE SIGNED <u>10-5-1955</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-6-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Joachims Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Old Mines. Mo</u>							
DATE REC'D BY LOCAL REG. <u>10-5-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>			ADDRESS <u>Potosi, Mo</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 11 1955

WASH. COUNTY HEALTH DEPT.

File No. _____

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

Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.