No. 300
10.48

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41119

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 177

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBB CITY
c. LENGTH OF STAY (In this place): 60YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JANE CHINN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN: WEBB CITY
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 534 SOUTH HALL

3. NAME OF DECEASED (Type or Print)
a. (First): KATE
b. (Middle):
c. (Last): PORTER

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 23, 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUGUST 3, 1875
9. AGE (In years last birthday): 80 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LOGAN MAUPIN
13b. MOTHER'S MAIDEN NAME: ELLAN MEMORY
14. NAME OF HUSBAND OR WIFE: CLAUDE PORTER (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: MRS. MARY CAMPBELL — **ADDRESS**: WEBB CITY, MISSOURI

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiac Decompensation
DUE TO (c) Diabetes Mellitus 260X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Nephritis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-15-, 1955, *to* 7-23-, 19 55, *that I last saw the deceased alive on* 7-23-, 19 55, *and that death occurred at* 7:15PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wm. W. Forbes (Degree or title) D.O.
23b. ADDRESS: 106 S. Main St. Webb City, Mo.
23c. DATE SIGNED: 12-24-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-27-1955
24c. NAME OF CEMETERY OR CREMATORY: MOUNT HOPE CEMETERY
24d. LOCATION (City, town, or county) (State): WEBB CITY? MISSOURI

DATE REC'D BY LOCAL REG.: 12-26-55
REGISTRAR'S SIGNATURE: 474 Mrs. Madeline Sintzer
25. FUNERAL DIRECTOR'S SIGNATURE MIS ~~ADDRESS~~: HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 3 1953
Jasper County Health Office
County File Number 56-1-5
Date Filed JAN 3 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. J. Lewis Jr.

Licensed Embalmer No. 456

P. O. Address Webb Ct

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.