

FILED FEB 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 888

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4180 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Arkansas</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Campbell</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Paragould</b>	
c. LENGTH OF STAY (In this place) <b>3mo.</b>		d. STREET ADDRESS (If rural, give location) <b>805<sup>0</sup> 8</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>General Baptist Nursing Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>Frederick</b>	c. (Last) <b>Porter</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 22, 1956</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>Dec. 4, 1869</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Veterinary</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Kenton, Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William F. Porter</b>	13b. MOTHER'S MAIDEN NAME <b>Adaline Rosson</b>	14. NAME OF HUSBAND OR WIFE
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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>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. John Gardner, Paragould, Ark.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Hepatic Carcinoma</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>5870</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Valvular Heart Disease Mitral regurgitation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs +</b>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 1/11, 1955, to 1/22, 1956, that I last saw the deceased alive on 1/22, 1956, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wallace A. Belsey M.D.</b>	23b. ADDRESS <b>Campbell, Mo.</b>	23c. DATE SIGNED <b>1/24/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>1-24-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Linwood</b>	24d. LOCATION (City, town, or county) (State) <b>Paragould, Arkansas</b>
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DATE REC'D BY LOCAL REG. <b>1-25-1956</b>	REGISTRAR'S SIGNATURE <b>Mrs. Paula [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mitchell Funeral Home, Paragould,</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

Ark. n. a.

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 1-31-56  
COUNTY FILE NUMBER 150

**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 Paul L. Mitchell

Licensed Embalmer No. 375

P. O. Address Paragould

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.