

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4181**

BIRTH NO. _____		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 58
1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give town) Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township): Jefferson City		
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS 208 Missouri St. ⁰²⁶⁴ Main ₀		
d. FULL NAME OF HOSPITAL OR INSTITUTION Charles E. Still Hospital		d. STREET ADDRESS 208 Missouri St. ⁰²⁶⁴ Main ₀		
3. NAME OF DECEASED (Type or Print) Charles Bunyon Porch			4. DATE OF DEATH Feb. 17, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 14, 1869		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 2 Days 3	IF UNDER 48 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY OWN		11. BIRTHPLACE (City and State or Foreign Country) Moniteau Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Andrew Jackson Porch		13b. MOTHER'S MAIDEN NAME Mary Jones Amos		14. NAME OF HUSBAND OR WIFE Louise Porch
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 Mrs Louise Porch ADDRESS Jefferson City, 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) Coronary Thrombosis Fractured Hip 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.		
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) 12¹ (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 Jan 26, 1956 to Feb 17, 1956 that I last saw the deceased alive on Feb 17, 1956 and that death occurred at 1:15 p. m. , from the causes and on the date stated above.				
23a. SIGNATURE George B. Lake		23b. ADDRESS 20 Jefferson City, Mo.		23c. DATE SIGNED 2-18-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 20, 1956		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery
24d. LOCATION (City, town or county) Jefferson City, Mo.		24e. (State) _____		
DATE REC'D BY LOCAL REG. 22 Feb 1956		REGISTRAR'S SIGNATURE R.P. Dorris MA-MR.		25. FUNERAL DIRECTOR'S SIGNATURE Victor Buescher ADDRESS Jefferson City, 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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Victor Buscher

Licensed Embalmer No. 3701

P. O. Address Jefferson City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.