

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8639

State File No. ....

FILED MAR 28 1956

BIRTH NO. .... REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 7516

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN, MO.</u>	
c. LENGTH OF STAY (in this place) <u>2 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>WATSON RD.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHSIDE Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PORTER</u>	b. (Middle) <u>CASH</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 23 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DEPERATED</u>	8. DATE OF BIRTH <u>APRIL 17, 1886</u>	9. AGE (In years last birthday) <u>69</u>	If UNDER 1 YEAR Months <u>6</u> Days <u>18</u>	If UNDER 1 WEEK Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>VARIOUS</u>	11. BIRTHPLACE (State or foreign country) <u>PITTSBURG, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN WILLIAM CASH</u>	13b. MOTHER'S MAIDEN NAME <u>MAGGIE BROWN</u>	14. NAME OF HUSBAND OR WIFE <u>PRUDY MERCER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>498-01-6720</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JESS CASH</u> ADDRESS <u>SULLIVAN, MO.</u>
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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, 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>Acute Pulmonary Edema</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Hypertensive Cardiovascular renal syndrome</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 <u>442X</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 19 54 to 3/23 56, that I last saw the deceased alive on 3/23 56 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Ingrave or title) <u>John J. DeLoach M.D.</u>	23b. ADDRESS <u>Sullivan Mo</u>	23c. DATE SIGNED <u>3/24/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-25-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>METCALF CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ANTHONIES MILL MO</u>
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DATE REC'D BY LOCAL REG. <u>3/24/56</u>	REGISTRAR'S SIGNATURE <u>Thomas A. Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Huletta Sullivan</u> ADDRESS <u>Sullivan, Mo.</u>
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496

SEP 27 1958

**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 J. A. Humphrey.....

Licensed Embalmer No. 4772.....

P. O. Address Sullivan 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.