

FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40270**

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY OR TOWN <u>Slater</u>		c. CITY OR TOWN <u>Slater</u>	
c. LENGTH OF STAY (In this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>523 Armstrong</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Porter</u> b. (Middle) <u>William</u> c. (Last)		4. DATE OF DEATH (Month) <u>Nov.</u> (Day) <u>11</u> (Year) <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug 8, 1881</u>
9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR: Months <u>3</u> Days <u>3</u>	IF UNDER 100 YRS: Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Thomas William</u>		13b. MOTHER'S MAIDEN NAME <u>Cecilia Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rennie Wood-Logan</u>		ADDRESS <u>Slater Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> 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 <u>331x</u>	
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) (Min.)		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>11-10</u> , 19 <u>56</u> , to <u>11-10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11-10</u> , 19 <u>56</u> , and that death occurred at <u>12:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. E. Edwards MD</u> (Degree or title)		23b. ADDRESS <u>Slater Mo</u>	
23c. DATE SIGNED <u>11-13-56</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/14/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>McManis</u>		24d. LOCATION (City, town, or county) (State) <u>Slater Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-15-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>George Green</u>		ADDRESS <u>Slater Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 George Green

Licensed Embalmer No. 4220

P. O. Address W. Marshall

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.