FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1430
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Mo — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7956½ Wornall Rd — Length of stay in 1b 2 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St Joseph Mo — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6637 Washington St — Residence on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Mr Fred Middle Lee Last Porter
4. DATE OF DEATH Month 1 Day 7 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH 11-17-1880
9. AGE (In years last birthday) 76 — 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) Retired
10b. KIND OF BUSINESS OR INDUSTRY Church Custodian
11. BIRTHPLACE (City and state or country) Garnett Kansas
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Alonzo Hamilton Porter
14. MOTHER'S MAIDEN NAME Julia Elizabeth Ashburn
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 493-18-0184
17. INFORMANT Gladys Mauzero Address 6637 Washington St Joe Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause of death unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
INTERVAL BETWEEN ONSET AND DEATH 7955
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Geo C Kealhofer M.H. Deputy Coroner 3
22b. ADDRESS 6627 Prospect K.C. Mo.
22c. DATE SIGNED 1-8-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1-8-1957
23c. NAME OF CEMETERY OR CREMATORY ____
23d. LOCATION (City, town, or county) (State) St Joseph Missouri
24. FUNERAL DIRECTOR ADDRESS France-Wornall Funeral Home K.C. Mo.
25. DATE RECD. BY LOCAL REG. 1-8-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

800 -56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Geo. C. Kealhofer

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Russell N. Fran

Licensed Embalmer No. 42

P. O. Address K C 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.