

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3373**

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **615** Registrar's No. **17**

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|--|-----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Scott | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Scott | |
| b. CITY OR TOWN Route 2 Sikeston | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Sikeston | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2 | | e. STREET ADDRESS (If rural, give location) R. 7. 2. 2 1000 | |

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|-------------------------------------|-----------------------|----------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Iva | b. (Middle) - | c. (Last) Portton | 4. DATE OF DEATH (Month) (Day) (Year) 1 12 - 1957 |
|-------------------------------------|-----------------------|----------------------|--------------------------|---|

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|----------------------|-------------------------------|--|---------------------------------------|---|---|---|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH Sept 20, 1877 | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months 3 Days 22 | IF UNDER 4 HRS. Hours - Min. - |
|----------------------|-------------------------------|--|---------------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City, and State or Foreign Country) Centralia, Illinois | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Robert Martin | 13b. MOTHER'S MAIDEN NAME Cynthia | 14. NAME OF HUSBAND OR WIFE Mass J. B. Portton |
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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) | 16. SOCIAL SECURITY NO. - | 17. INFORMANT'S SIGNATURE OR NAME Norma Farbis | ADDRESS Sikeston, Mo |
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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) Hypertensive Cardiovascular disease | | 5 years + |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) | | 5 years + |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus | | | 5 years + |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? 2 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) 443 |
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| 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 **5/23**, 19**52**, to **1/14**, 19**57**, that I last saw the deceased alive on **1/12**, 19**57**, and that death occurred at **8⁰⁰** Pm., from the causes and on the date stated above.

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| 23a. SIGNATURE Wm. C. Cretchlow (Degree or title) MD | 23b. ADDRESS Sikeston, Mo | 23c. DATE SIGNED Jan 28, 1957 |
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|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1-15-57 | 24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem. | 24d. LOCATION (City, town, or county) (State) Marley, Mo |
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| DATE REC'D BY LOCAL REG. 1-23-57 | REGISTRAR'S SIGNATURE Mrs. Elva Hunter | 25. FUNERAL DIRECTOR'S SIGNATURE A. Britton | ADDRESS Funeral Home Sikeston |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

429

Mo.

DATE RECEIVED JAN 28 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 157-17

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.....
Signature of Student Embalmer

Signed *J. E. McPherson*.....

Licensed Embalmer No. 4692

P. O. Address Charleston

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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