

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**3597**

STATE FILE NUMBER

**FILED FEB 25 1957**

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 75

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>ADAIR</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KIRKSVILLE</b>		a. STATE <b>MO</b>		b. COUNTY <b>EWING</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LAUGHLIN</b>		Length of stay in lb <b>13 DAYS</b>		c. CITY OR TOWN <b>EWING</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>Lloyd</b>		Middle <b>EDWARD</b>		Last <b>PORTER</b>		Month <b>2</b> Day <b>20</b> Year <b>1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 19 1899</b>		9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL</b>		11. BIRTHPLACE (City and state or country) <b>Lewis Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>FRANK PORTER</b>				14. MOTHER'S MAIDEN NAME <b>MARTHA CHAPPELL</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT <b>Alma Porter</b> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HEPATIC INSUFFICIENCY AND UREMIA</b>						INTERVAL BETWEEN ONSET AND DEATH <b>7-8 DAYS</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>LONG STANDING GASTRITIS AND</b>							
DUE TO (c) <b>INCISIONAL HERNIA -</b>						<b>UNKNOWN</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>MULTIPLE SURGERIES</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ Month, Day, Year a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>FEB - 7, 1957</b> to <b>FEB 20, 1957</b> and last saw him alive on <b>FEB 20 - 1957</b> Death occurred at <b>3:21 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Carl Laughlin Sr Do</b>				22b. ADDRESS <b>Merksville, Mo</b>		22c. DATE SIGNED <b>2-21-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2/24/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Steffenville Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Steffenville Mo.</b>		
24. FUNERAL DIRECTOR <b>Thomas Ball Ewing Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>2-21-1957</b>		26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 Health, Welfare, Public Service  
 300-56  
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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Doctor, coroner, etc. must use only standard nomenclature in name of disease in Part I. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 3  
 U  
 C

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 *R. M. Cahill*.....

Licensed Embalmer No. *490*

P. O. Address *Ewing*.....

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.