

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1925

STATE FILE NUMBER

807

FILED MAR 6 1957

15316-57

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital Life Length of stay in lb		d. STREET ADDRESS (If outside, give location) 4022 WAYNE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Blair Middle Douglas Last Porter			4. DATE OF DEATH Month Feb Day 19 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> Never married	8. DATE OF BIRTH Feb-8-1957	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 11 Days 11 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) KANSAS CITY MO.	12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Blair Porter			14. MOTHER'S MAIDEN NAME Lola Allen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Blair Porter Address 4022 WAYNE K.C. Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sclerosis DUE TO (b) Prematurity DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 5-6 days birth 1735
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 <input checked="" type="checkbox"/> NO <input 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 **2-8-57** to **2-19-57** and last saw ^{her} alive on **2/18/57**
Death occurred at **6:55 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George V. Herrmann MD	22b. ADDRESS 411 Nichols Rd KC Mo	22c. DATE SIGNED 2/19/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Feb 20 57	23c. NAME OF CEMETERY OR CREMATORY Green Lawn	23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.
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24. FUNERAL DIRECTOR D.W. Newcomer's Son's	ADDRESS 1331 Boush Court K.C. Mo	25. DATE RECD. BY LOCAL REG. 2-20-57	26. REGISTRAR'S SIGNATURE Reva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

Death, congenital, and infectious diseases must be casually related. Carcasses cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Carcasses cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 George V. Herrmann

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 *Paul R. Williams*

Licensed Embalmer No. *509*

P. O. Address *Overland Kansas*

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