

Public Health Service

FILED JUL 26 1957

STANDARD CERTIFICATE OF DEATH

23497
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3015 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Butler</u>
c. FULL NAME OF (If NOT in MEMORIAL, give location) HOSPITAL OR INSTITUTION <u>Butler Hosp.</u>		Length of stay in 1b <u>2 days</u>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. 1</u>

3. NAME OF DECEASED (Type or print) First <u>Margaret</u> Middle <u>Murill</u> Last <u>Porter</u>			4. DATE OF DEATH Month <u>July</u> Day <u>16</u> Year <u>1957</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 27, 1924</u>	9. AGE (In years last birthday) <u>32</u>	F UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>St. Clair Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Estill Sharp</u>	13b. MOTHER'S MAIDEN NAME <u>Ada Barnett</u>	14. NAME OF HUSBAND OR WIFE <u>Russell Porter</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Russell Porter Butler, Mo. R.F.D.</u>	Address <u>Butler, Mo. R.F.D.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> <u>3 weeks</u> <u>2 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>left side heart failure</u>	
	DUE TO (c) <u>metastasis of fibrosarcoma to lungs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>197X</u>		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.)
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20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a.m. <u> </u> p.m. <u> </u>	20d. INJURY OCCURRED WHILE AT <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 <u>Butler, Mo.</u>	COUNTY <u> </u> STATE <u> </u>
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21. I attended the deceased from <u>April 10 - 1956</u> to <u>July 16 '57</u> and last saw her <u>alive</u> on <u>July 16 - 1957</u> Death occurred at <u>9:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>D. S. Lathrop, M.D.</u>	22b. ADDRESS <u>Butler, Mo.</u>	22c. DATE SIGNED <u>7-18-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-18-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>	23d. LOCATION (City, town, or county) <u>Butler, Mo.</u>	(State) <u> </u>
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24. FUNERAL DIRECTOR <u>Culver-Underwood</u>	ADDRESS <u>Butler, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 18 - 1957</u>	26. REGISTRAR'S SIGNATURE <u>Russell Porter</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related

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 *Robert G. Steinbeck*

Licensed Embalmer No. *4657*

P. O. Address *Butler, Mo.*

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.