

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 23 1957

State File No. **28323**
Registrar's No. **3531**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3531</u>											
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>													
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>KANSAS City</u>)		c. LENGTH OF STAY (in this place) <u>3 Days</u>		c. CITY OR TOWN <u>Liberty</u>		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 <u>Research Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Liberty, Mo. R.F.D. 6600</u>													
3. NAME OF DECEASED (Type or Print) a. (First) <u>America</u>			b. (Middle)		c. (Last) <u>Porter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-26-57</u>										
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Sept. 4, 1877</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Edgerton, Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>					
13a. FATHER'S NAME <u>Richard Hendrix</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy St. John</u>				14. NAME OF HUSBAND OR WIFE <u>Thos Porter</u>				Died <u>1953</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harry Foster, Holt, Mo.</u> ADDRESS									
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of left leg</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Embolism of femoral artery</u> DUE TO (c) <u>Arteriosclerotic heart disease & aneurysm</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetes mellitus</u> <u>fibrillation</u>										INTERVAL BETWEEN ONSET AND DEATH: <u>4 days</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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)											
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 <u>July 22, 1957</u> , to <u>July 26, 1957</u> , that I last saw the deceased alive on <u>July 26, 1957</u> , and that death occurred at <u>7 p.m.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE <u>E.G. Kettner</u> (Degree or title) <u>M.D.</u>								23b. ADDRESS <u>Kansas City Mo.</u>				23c. DATE SIGNED <u>7/26/57</u>					
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>7-29-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Providence Cem.</u>				24d. LOCATION (City, town, or county) <u>Clay County Mo</u>									
DATE REC'D BY LOCAL REG. <u>7-27-57</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>McComas Funeral Home</u> ADDRESS <u>Butterville, Mo.</u>											

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 *S.A. McComas*

Licensed Embalmer No. *2303*

P. O. Address *Smithville*

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.