

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28650**

FILED AUG 27 1957

BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **4285** Registrar's No. **70**

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN LEWISTOWN		c. CITY OR TOWN LEWISTOWN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) XXXXXX		e. STREET ADDRESS (If rural, give location) XXXX X XXXXXXXXXXXXX	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXXXX			

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE b. (Middle) MARY c. (Last) PORTER			4. DATE OF DEATH (Month) (Day) (Year) AUGUST 24, 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Oct. 18, 1892	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXX		11. BIRTHPLACE (City and State or Foreign Country) EDINA, MISSOURI	
13a. FATHER'S NAME HENRY ZOPF		13b. MOTHER'S MAIDEN NAME HENRIETA PRISNER		14. NAME OF HUSBAND OR WIFE FRANK PORTER	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. XXXXXXXXXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRANK PORTER LEWISTOWN, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion</p> <p>ANTECEDENT CAUSES Chronic Nephritis</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>		<p>INTERVAL BETWEEN DEATH AND DEATH 30 minutes</p> <p>24 hrs.</p>	
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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"/>	
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) 592X	
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 **March 12, 1957**, to **Aug 24, 1957**, that I last saw the deceased alive on **Aug 23**, 1957, and that death occurred at **8:30** m., from the causes and on the date stated above.

23a. SIGNATURE Heather J. Davis MD		23b. ADDRESS Quincy, Ill.		23c. DATE SIGNED Aug 24, 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug. 26, 1957		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	
24d. LOCATION (City, town, or county) (State) QUINCY, ILLINOIS					

DATE REC'D BY LOCAL REG. 8-24-57		REGISTRAR'S SIGNATURE P.W. Jennings M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles C. Conroy, Jr. Lewistown, Mo.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

SEP 1 1957

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 *Charles L. Arnold*.....

Licensed Embalmer No...4667.

P. O. Address...LEWISTOWN.

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.