

Health,
, & Welfare
S. Public
th Service

FILED DEC 11 1957

STANDARD CERTIFICATE OF DEATH

40553
STATE FILE NUMBER
5532

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5532

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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| 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 VA Hospital | | Length of stay in lb 58 yrs. | d. STREET ADDRESS (If outside, give location) 1415 Kensington Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First WILLIE Middle PORTER Last PORTER | | | 4. DATE OF DEATH Month November Day 18 Year 1957 |
| 5. SEX Male | 6. COLOR OR RACE Negr. or | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 2-1-97 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed | | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (City and state or country) Huston, Texas |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME --Will Porter | |
| 13b. MOTHER'S MAIDEN NAME --Melissa Williams | | 14. NAME OF HUSBAND OR WIFE Hazel Porter | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I | | 16. SOCIAL SECURITY NO. 493-12-6401 | |
| 17. INFORMANT VA Hospital Official Records | | 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) _____ DUE TO (b) _____ DUE TO (c) Undetermined | | | INTERVAL BETWEEN ONSET AND DEATH 7955 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Permit for Autopsy Refused | | | 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 _____ 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.) VA | 20f. CITY, TOWN, OR LOCATION VA | COUNTY | STATE |
| 21. Attended the deceased from Nov. 18, 1957 to Nov. 18, 1957 Death occurred at 4:20 p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE Deputy Coroner | |
| 22b. ADDRESS 1618 Lydia Ave | | 22c. DATE SIGNED 11/20/57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Nov. 25, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Fort Leavenworth Nat. | 23d. LOCATION (City, town, or county) (State) Leavenworth, Kansas |
| 24. FUNERAL DIRECTOR Mrs. Meek's Funeral Home, K.C. Mo | | 25. DATE RECD. BY LOCAL REG. 11-22-57 | 26. REGISTRAR'S SIGNATURE Reva Minshall |

(Licensed Embalmer's Statement on Reverse Side)

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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 *Millard B. Paskins*

Licensed Embalmer No. *5013*
P. O. Address *R.C.M.*

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.