

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI 92460-57
STANDARD CERTIFICATE OF DEATH

44553
STATE FILE NUMBER

5917
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

V. S. 300 0
Rev. 1-57

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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General #2		d. STREET ADDRESS 1210 Lydia	
3. NAME OF DECEASED (Type or print) Gerald Ventora Porter		4. DATE OF DEATH Dec. 6, 1957	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 22, 1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1 MONTHS 14 DAYS
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Mayetta Porter	14. NAME OF HUSBAND OR WIFE
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 Mayetta Porter, 1210 Lydia
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diarrhea and prematurity.			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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.) 5710		
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10-22-57 to 12-6-57 and last saw ^{her} him alive on 12-6-57 Death occurred at 3:25 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. R. Peterson MD (Degree or title)		22b. ADDRESS 600 East 22nd Street	22c. DATE SIGNED 12-13-57
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE 12-27-57	23c. NAME OF CEMETERY OR CREMATORY Grude	23d. LOCATION (City, town, or county) (State) Kansas City MO
24. FUNERAL DIRECTOR Wm. A. Admire N.C. M.M. ADDRESS		25. DATE RECD. BY LOCAL REG. 12-14-57	26. REGISTRAR'S SIGNATURE neva marshall

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.

W. R. Peterson USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

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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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Anna L. Lutz

Licensed Embalmer No. 3089
P. O. Address KC 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.