

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013260
STATE FILE NUMBER

FILED APR 28 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY LINCOLN 0370	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ELSBERRY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 of Mo Hosp Length of stay in lb 7 days		d. STREET ADDRESS (If outside, give location) Gen DELIVERY Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MELBA Middle PORTER Last WEBSTER		4. DATE OF DEATH Month 4 Day 25 Year 58	
5. SEX F 3	6. COLOR OR RACE NEGRO MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-22-1897	9. AGE (In years) 53 60 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Elsberry, Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Porter		13b. MOTHER'S MAIDEN NAME BECKY PRICE	
14. NAME OF HUSBAND OR WIFE WEBSTER		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. -		17. INFORMANT Hosp. Chart 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) Heart Disease due to hypertension of lesser circulation (Obs pulmonalis) DUE TO (b) Pulmonary Emphysema DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchiectasis, Gastric Ulcer			INTERVAL BETWEEN ONSET AND DEATH 1 mo. 15 years
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4-18-58 to 4-25-58 and last saw her alive on 4-25-58 Death occurred at 2:25 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Diane Burkhardt M.D. (Degree or title)		22b. ADDRESS 6 of Mo. Medical Center	
22c. DATE SIGNED 4-25-58		23. NAME OF CEMETERY OR CREMATORY	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removed		23b. DATE 4-25-1958	
23c. LOCATION (City, town, township) Elsberry, MO.		23d. STATE Mo.	
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. April 25 1958	
26. REGISTRAR'S SIGNATURE Mrs R. E. Palmare			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

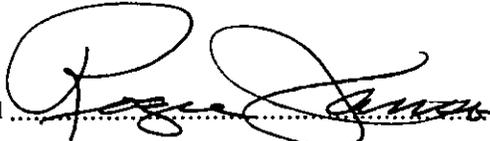
MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 5010
P. O. Address Columbus, Ga.

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.