

FILED MAY 13 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017068  
STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Branson</u>		c. CITY OR TOWN <u>Branson</u> <u>1068</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Skaggs Hospital + dda</u>		d. STREET ADDRESS (If outside, give location) <u>S. Canal St</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Orlando Darl Porter</u>		4. DATE OF DEATH Month Day Year <u>5-7-58</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-10-1903</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fishier</u>	11. BIRTHPLACE (City and state or country) <u>Nadaway Co. MO</u>
13a. FATHER'S NAME <u>Clara Porter</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Wilcox</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
14. NAME OF HUSBAND OR WIFE <u>Helen Porter</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>487-14-7209</u>		17. INFORMANT <u>Helen Porter Branson MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>10 years</u>
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <u>4201</u>	
21. I attended the deceased from <u>May 3rd '58</u> to <u>May 7 '58</u> and last saw <sup>him</sup> <u>alive on May 6<sup>th</sup> '58</u> Death occurred at <u>5 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Jal D. Bennett M.D.</u>		22b. ADDRESS <u>Branson, MO.</u>	
22c. DATE SIGNED <u>5-7-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>5-8-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>White Oak</u>		23d. LOCATION (City, town, or county) (State) <u>Pickering MO.</u>	
24. FUNERAL DIRECTOR <u>Whelchel Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>5-10-58</u>	
26. REGISTRAR'S SIGNATURE <u>Helen Campbell</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 15 1958

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 *Minnie L. Wheeler*

Licensed Embalmer No. *2277*

P. O. Address *Branson*

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.