Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030859
STATE FILE NUMBER 7947

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2001a Utah — Length of stay in 1b 2 — 61

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2001 a Utah — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First GUIDA Middle Last PORGA
4. DATE OF DEATH Month August Day 13 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH May 12, 1913
9. AGE (In years last birthday) 45 — IF UNDER 1 YEAR Months 3 Days 1 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Flat River, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S. A.
13a. FATHER'S NAME William Henderson
13b. MOTHER'S MAIDEN NAME Carrie Underwood
14. NAME OF HUSBAND OR WIFE Perry Porga
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Perry Porga, Address 2001 a Utah, St. Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Strangulation due to hanging — 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)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 974X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [✓] 2

20a. ACCIDENT [ ] SUICIDE [✓] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) When found hanged in basement of Home on August 13, 1958.
20c. TIME OF INJURY ? Hour a.m. p.m. Month, Day, Year 8 13 58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION COUNTY STATE St Louis Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 610 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James M Kelly Deputy Coroner
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 8-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Aug. 13, 1958
23c. NAME OF CEMETERY OR CREMATORY Flat River Cemet.
23d. LOCATION (City, town, or county) (State) Flat River, Mo.

24. FUNERAL DIRECTOR ADDRESS Caldwell, Flat River, Mo.
25. DATE RECD. BY LOCAL REG. AUG 15 '58
26. REGISTRAR'S SIGNATURE F. Earl Smith, M.D. SP.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Clarence M. Bills

Licensed Embalmer No. 4375

P. O. Address St. Louis, 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.