

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038695
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 37374 Primary Registration District No. 6272 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Allen Township 6272</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Allen Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in lb <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>1130</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Shirley</u> Middle <u>Catherine</u> Last <u>Porter</u>			4. DATE OF DEATH Month <u>October</u> Day <u>8</u> Year <u>1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>April 30, 1899</u>
9. AGE (In years at birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u>46</u> Min. <u>46</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and state or country) <u>Worth County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Frank Beauchamp</u>	
13b. MOTHER'S MAIDEN NAME <u>Lulu Robertson</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Porter</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. Frank Beauchamp</u> 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) <u>Concussion from tornado blast</u>			INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>9340</u> <u>46</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>Tornado struck farm home, completely demolishing it</u>	
20c. TIME OF INJURY Hour <u>8</u> Month <u>10</u> Day <u>8</u> Year <u>58</u> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm home 4 miles southeast of Grant City, Worth, Missouri</u>		20f. CITY, TOWN, OR LOCATION <u>113</u> COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on <u>Oct. 8, 1958</u> Death occurred at <u>8 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank B. Materson MD</u> (Degree or title)		22b. ADDRESS <u>Grant City Mo</u>	22c. DATE SIGNED <u>10-10-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-12-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Grant City, Missouri</u>
24. FUNERAL DIRECTOR <u>Bill Dunfee - Grant City Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>November 3, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Keta E. Dawson</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Bill A. Dunfee*

Licensed Embalmer No. *4902*

P. O. Address *Grant City*

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.