

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040144

STATE FILE NUMBER

3530

FILED DEC 11 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VA HOSPITAL		Length of stay in lb 70 yrs.	d. STREET ADDRESS (If outside, give location) 314 South White
3. NAME OF DECEASED (Type or print) First MAURICE Middle JOHN Last PORTMAN			4. DATE OF DEATH Month NOVEMBER Day 22 , Year 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-16-99
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road brakeman		10b. KIND OF BUSINESS OR INDUSTRY Milwaukee R R	11. BIRTHPLACE (City and state or country) LAREDO, MO.
13a. FATHER'S NAME JOHN PORTMAN		13b. MOTHER'S MAIDEN NAME EMMA KESTERINE Kissling	14. NAME OF HUSBAND OR WIFE NAOMI, PORTMAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes		16. SOCIAL SECURITY NO. 486-12-7900	17. INFORMANT V A HOSPITAL, OFFICIAL RECORDS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia			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)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) 491 f	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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. Attended the deceased from NOV. 4, 1958 to Nov. 22, 1958 and last saw him alive on _____ Death occurred at 5:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. Foroughi M.D.		22b. ADDRESS V.A. Hospital, K.C., Mo	22c. DATE SIGNED 11-22-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE Nov. 24, 1958	23c. NAME OF CEMETERY OR CREMATORY ALPHA CEMETERY	23d. LOCATION (City, town, or county) (State) NEAR LAREDO MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1731 BRUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 11-22-58
			26. REGISTRAR'S SIGNATURE Neva Marshall

E. Foroughi

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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
X
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Chester K. Brown

Licensed Embalmer No. 4931
P. O. Address. KE MO

33-18 -5
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.