

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041119

STATE FILE NUMBER

DEC 9 1958 Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 130

5. 300
1-57

All diseases in Part I must be causally related. NO symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		c. CITY OR TOWN Richmond	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 503 E. N. Main		d. STREET ADDRESS (If outside, give location) 503 E. N. Main	
3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE COYEL PORTER		4. DATE OF DEATH Month Day Year Dec. 4, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 22, 1876
9a. AGE (In years last birthday) 82		9b. F UNDER 1 YEAR Months Days Hours Min. 7 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Kearney, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Porter		13b. MOTHER'S MAIDEN NAME Mary Coyel	
14. NAME OF HUSBAND OR WIFE Nellie (Benaman) Porter		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. none		17. INFORMANT Mrs. C.C. Porter, Richmond, Mo.	
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>Cerebral Vascular Accident</u> DUE TO (b) <u>Arterio Sclerosis</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) 331X			INTERVAL BETWEEN ONSET AND DEATH 3 days
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>Dec 1 - 58</u> to <u>Dec 4 - 1958</u> and last saw ^{him} alive on <u>12-4-58</u> Death occurred at _____ a _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Bobdy</u> (Degree or title)		22b. ADDRESS <u>Richmond</u>	
22c. DATE SIGNED <u>12-6-58</u>		22d. PLACE OF SIGNATURE	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-6-'58	
23c. NAME OF CEMETERY OR CREMATORY Lathrop cemetery		23d. LOCATION (City, town, or county) (State) Lathrop Missouri	
24. FUNERAL DIRECTOR Thomas J. Carter, Richmond, Mo.		25. DATE RECD. BY LOCAL REG. 12-6-1958	
26. REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>		26. REGISTRAR'S SIGNATURE	

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 *Thomas J. Carter*

Licensed Embalmer No. *4474*

P. O. Address *Richmond, 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.