

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016650

STATE FILE NUMBER

FILED JUN 4 1959

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 111

300
-57

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mexico Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Allen Nurseing Home 4 yrs.		Length of stay in lb 4 yrs.	d. STREET ADDRESS (If outside, give location) Allen Nurseing Home Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EMMA Middle LEE Last PORTER			4. DATE OF DEATH Month May Day 26 Year 1959
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 17, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY at Home	9. AGE (In years) log (by thdy) 88 Months 6 Day 9 Hours Min.
11. BIRTHPLACE (City and state or country) Montgomery County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Thomasson		13b. MOTHER'S MAIDEN NAME Emily Seal	14. NAME OF HUSBAND OR WIFE Cheston Porter, Wellsville, Mo.
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. ?	17. INFORMANT Address Cheston Porter, Wellsville, 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) myocarditis + myocardial failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerosis + hypertensive eye DUE TO (c) fracture hip, old PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221F			INTERVAL BETWEEN ONSET AND DEATH 6 mo
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.) 4221F		
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
21. I attended the deceased from 1955 to May 26, 59 and last saw her alive on May 11, 1959 Death occurred at 7:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. D. Kellum (Degree or title) M.D.		22b. ADDRESS Mexico, Mo	22c. DATE SIGNED May 28, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/28/1959	23c. NAME OF CEMETERY OR CREMATORY Wellsville City	23d. LOCATION (City, town, or county) (State) Wellsville, Missouri
24. FUNERAL DIRECTOR W. B. Hill		ADDRESS Wellsville, Mo.	25. DATE RECD. BY LOCAL REG. May 28, 59
26. REGISTRAR'S SIGNATURE Blanche Neely			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All causes in Part I must be causally related.
G.P. Kellum M.D.

JUL 22 1959

1441 2 1959

8951 2 2 1959

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 *Howard Myers*

Licensed Embalmer No. 4494

P. O. Address *Wellsville, 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.