

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-029849

FILED VS SEP 11 1959

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>SHEBBY</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MONROE CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>SHEBBYVILLE, Mo.</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>MONROE REST HOME</u>			Length of stay in lb <u>4 MONTHS</u>		d. STREET ADDRESS (If outside, give location) <u>SHEBBYVILLE, R.F.D.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LENA</u> Middle <u>PORTER</u> Last <u>SASS</u>						4. DATE OF DEATH Month <u>Aug</u> Day <u>21</u> Year <u>1959</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>Nov 24, 1876</u>		9. AGE (In years last birthday) <u>82</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u>		11. BIRTHPLACE (City and state or country) <u>SHEBBY COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>GEORGE PORTER</u>			13b. MOTHER'S MAIDEN NAME <u>KATHY HENRY</u>			14. NAME OF HUSBAND OR WIFE <u>JOHN SASS</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>JOHN SASS</u> Address <u>SHEBBYVILLE</u>			
18. CAUSE OF DEATH (No only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE UREMIA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>CHRONIC BRIGHT'S DISEASE</u> DUE TO (c) <u>592XF</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>COMMINUTED FRACTURE LEFT SHOULDER</u>							INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u> <u>6 MONTHS</u>	
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>FELL TO FLOOR WHILE WALKING</u>					
20c. TIME OF INJURY Hour <u>10</u> a.m. Month, Day, Year <u>July 27, 1959</u>			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NURSING HOME</u>		20f. CITY, TOWN, OR LOCATION <u>MONROE CITY</u>		COUNTY <u>MISSOURI</u> STATE	
21. I attended the deceased from <u>June 10, 1957</u> to <u>Aug 18, 1959</u> and last saw her alive on <u>July 27, 1959</u> Death occurred at <u>5:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE <u>Bh. Edgington D.O.</u> (Degree or title)		22b. ADDRESS <u>Clarence, Mo.</u>		22c. DATE SIGNED <u>8/23/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Aug 22, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE</u>			23d. LOCATION (City, town, or county) (State) <u>SHEBBY COUNTY, Mo.</u>		
24. FUNERAL DIRECTOR <u>GREENING SHEBBYVILLE</u>			25. DATE RECD. BY LOCAL REG. <u>Sept. 1-1959</u>		26. REGISTRAR'S SIGNATURE <u>Lois Miller</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

OCT 30 1961

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 *Charles E. Manning*

Licensed Embalmer No. *4625*

P. O. Address *Claremont MS*

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.