

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032528

FILED VS SEP 23 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4366 STATE FILE NUMBER

DED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	a. STATE MISSOURI	b. COUNTY JACKSON
Length of stay in 1b 32 YRS		c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 439 NORTON		d. STREET ADDRESS 439 NORTON	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First CHARLES	Middle RUSSELL	Last PORTER	Month SEPT.	Day 5
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 3/8/08	9. AGE (last birthday) 51 YRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISPATCHER		10b. KIND OF BUSINESS OR INDUSTRY K.C. PUB. SER.	11. BIRTHPLACE (City and state or country) HUME, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME CHARLES F. PORTER		13b. MOTHER'S MAIDEN NAME DORA HOPKINS	14. NAME OF HUSBAND OR WIFE ETHEL L. 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. 486-10-7898	17. INFORMANT Address ETHEL L. PORTER K.C. Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 5 YRS
IMMEDIATE CAUSE (a)	Diabetic Acidosis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Diabetes Mellitus	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <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 Nov.** to **Sept 5 1959** and last saw him alive on **May 15, 1959**
Death occurred at **3:45 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul A. G. Johnson M.D.	(Degree or title)	22b. ADDRESS 5111 Indep. Ave. K.C.Mo.	22c. DATE SIGNED 9/7/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9/8/1959	23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM.	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
24. FUNERAL DIRECTOR ADDRESS C. H. BLACKMAN & SON K.C. Mo.		25. DATE RECD. BY LOCAL REG. 9-8-59	26. REGISTRAR'S SIGNATURE newman

DOCUMENT

BY AFFIDAVIT OF Paul A. G. Johnson 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bert B. Benson

Licensed Embalmer No. 4656

P. O. Address H. C. 70

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.