URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 18 1960
Dr. Ossman

-60-037835
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 346

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Length of stay in 1b: 46yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2215 Hillsdale — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Benjamin — Middle: Cornelius — Last: Porter
4. DATE OF DEATH: Month: Oct — Day: 10 — Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan-22-1900
9. AGE (last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Director of Parks
10b. KIND OF BUSINESS OR INDUSTRY: City Park Board
11. BIRTHPLACE (City and state or country): Odessa, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Benjamin Porter
13b. MOTHER'S MAIDEN NAME: Susan Chinn
14. NAME OF HUSBAND OR WIFE: Lavinia Porter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Lavinia Porter, Address: Jefferson City, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-Vasc disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Bleeding esophageal varices

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Oct. 7-1960 to Oct 10-60 and last saw ~~her~~ him alive on Oct 10-1960
Death occurred at 7 00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L A Ossman (Degree or title) MD
22b. ADDRESS: Jeff. City - Mo
22c. DATE SIGNED: 10-11-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/13/60
23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson City, Mo

24. FUNERAL DIRECTOR: Thorpe J Gordon, ADDRESS: Jefferson City, Mo
25. DATE RECD. BY LOCAL REG.: 13 October 1960
26. REGISTRAR'S SIGNATURE: R.P. Norris, MD – M Richter Dep

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS OCT 27 1961

VS OCT 27 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 1246

P. O. Address _____

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