

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-046831

FILED VS JAN 16 1967

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 517

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Shady Lawn Rest Home 8 S. 1st St. Hannibal</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JANE</u> Middle <u>HOLMES</u> Last <u>PORTER</u>			4. DATE OF DEATH Month <u>December</u> Day <u>29</u> Year <u>1960</u>		
--	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/1/1876</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>28</u>	IF UNDER 24 HR. Hours <u></u> Min. <u></u>
-------------------------	----------------------------------	---	-------------------------------------	-------------------------------------	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Hannibal Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U S A</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>Edward Morton Holmes</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Bridgeford</u>	14. NAME OF HUSBAND OR WIFE <u>Fred K. Porter (Dec)</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.	17. INFORMANT <u>Mrs. V. E. Cunningham Hannibal Missouri</u>	Address
---	-------------------------	---	---------

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>Terminal pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
DUE TO (b) <u>Cerebral vascular accident</u>		
DUE TO (c)		<u>6 days</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis</u>	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
--	--

19. WAS AUTOPSY PERFORMED? YES <input 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 <u></u> a.m. <u></u> p.m. <u></u>	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 12/21/60 to 12/29/60 and last saw her alive on 12/29/60
Death occurred at 11:05 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>J. W. Wathen M. D.</u>	22b. ADDRESS <u>1209 W. roadway, Hannibal, Mo.</u>	22c. DATE SIGNED <u>12/31/60</u>
---	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/31/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>	23d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
--	--------------------------------	---	---

24. FUNERAL DIRECTOR <u>W. Crawford Smith Hannibal Missouri</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1/5/61</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke by Lillian M. Norman</u>
--	---------	---	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John S. Spaw

Licensed Embalmer No. 4540

P. O. Address Hannibal Miss

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.