

STATE AMENDED

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SOUTH DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH											
Registration District No. 318			Primary Registration District No. 1003			Registrar's No. 4329			STATE FILE NUMBER -61-019368		
<p>AMENDED</p> <p>FILED MAY 19 1961</p>											
1. PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY			b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.			a. STATE Mo.			b. COUNTY		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. # 1			Length of stay in 1b 30 Yrs.			c. CITY OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			d. STREET ADDRESS 3643 S. Broadway			(If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)						4. DATE OF DEATH			5. SEX		
First Edward		Middle Lee		Last Porter		Month 5			Day 6		
Year 61			6. COLOR OR RACE White			7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH 3/3/93		
9. AGE (last birthday) 68			IF UNDER 1 YEAR Months			IF UNDER 24 HR Days			Hours		
Min.			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory worker			10b. KIND OF BUSINESS OR INDUSTRY Retired			11. BIRTHPLACE (City and state or country) Brown Co., Texas		
12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME Joe Porter			13b. MOTHER'S MAIDEN NAME Carolyn Holcomb			14. NAME OF HUSBAND OR WIFE		
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. Unknown			17. INFORMANT Darrell Porter, Temple, Texas			Address		
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	
IMMEDIATE CAUSE (a) Pneumonia										2 wks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										Many yrs.	
DUE TO (b) Generalized arteriosclerosis											
DUE TO (c) 450.6											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bilateral Arthrodesis hips & knees.								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 checked="" 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		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 1/9/61 to 5/6/61 and last saw her alive on 5/6/61		Death occurred at 12:55a on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) James A. De... M.D.		22b. ADDRESS 1515 Lafayette Ave.	
22c. DATE SIGNED 5/6/61		23a. BURIAL / CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/6/61		23c. NAME OF CEMETERY OR CREMATORY Greenleaf Cem.		23d. LOCATION (City, town, or county) Brownwood, Texas		(State)	
24. FUNERAL DIRECTOR McLAUGHLIN'S, 2301 Lafayette				ADDRESS		25. DATE RECD. BY LOCAL REG. MAY 8 1961		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

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 H. G. Jarvis

Licensed Embalmer No. 3384

P. O. Address H. Jarvis

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.