

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041622

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 90

AMENDED

FILED DEC 5 1961

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DICKERSON TOWNSHIP		c. CITY OR TOWN LEWISTOWN	
Length of stay in 1b 4 YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PRAIRIE VIEW REST HOME		d. STREET ADDRESS (If outside, give location) NONE	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last NARSIS PORTER			4. DATE OF DEATH Month Day Year NOV. 27 1961			
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/20/1874	9. AGE (last birthday) 87	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 8 7	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXXXX	11. BIRTHPLACE (City and state or country) LEWISTOWN, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME THOMAS PINER	13b. MOTHER'S MAIDEN NAME LUCRETIA WALLACE	14. NAME OF HUSBAND OR WIFE CHARLES PORTER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. XXXXXXXXXXXXXX	17. INFORMANT ROSCOE VEATCH	Address LEWISTOWN, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 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.)
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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
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21. I attended the deceased from June 1956 to 27 Nov 61 and last saw her/him alive on 26 Nov 61 Death occurred at D.O.A. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) John W Wills, D.O.	22b. ADDRESS Lewistown Mo	22c. DATE SIGNED 28 Nov 61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV. 29, 1961	23c. NAME OF CEMETERY OR CREMATORY LEWISTOWN CEMETERY	23d. LOCATION (City, town, or county) (State) LEWISTOWN, MISSOURI
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24. GENERAL DIRECTOR ADDRESS Charles Arnold, Jr. LEWISTOWN, MO.	25. DATE RECD. BY LOCAL REG. 12-1-61	26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

FILE NO.

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 L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MO.

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.