

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

#62-021882
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 5078 Registrar's No. 122

FILED JUL 10 1962

VS 300
Rev. 4/59

1 0070
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Deepwater Twp.		c. CITY OR TOWN Rt 1 Butler Mo.	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway H State road		d. STREET ADDRESS (If outside, give location) Butler Mo.	
3. NAME OF DECEASED (Type or print) First RICKY Middle KENT Last PORTER		4. DATE OF DEATH Month June Day 21 Year 1962	
5. SEX Male	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/21/1947
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY school	11. BIRTHPLACE (City and state or country) Butler Mo.
13a. FATHER'S NAME Russell Porter		13b. MOTHER'S MAIDEN NAME Linda Blankenbaker	14. NAME OF HUSBAND OR WIFE single
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. none	17. INFORMANT Address Russell Porter, Butler Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEAD INJURIES			INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE
DUE TO (b) CHEST INJURIES			II
DUE TO (c) INTERNAL INJURIES			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CRUSHED BY TRUCK			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 checked="" 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.) Thrown from truck and truck landed on deceased.	
20c. TIME OF INJURY Hour 12:15 p.m. Month, Day, Year 6-21-62		Truck and car wreck.	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) State road Highway H	20f. CITY, TOWN, OR LOCATION COUNTY Bates STATE Missouri and V.V. junction 6 Miles east of Butler, Mo.	
21. I attended the deceased from D.O.A. 6-21-62 , to _____ and last saw her/him alive on _____ Death occurred at about 12:15 PM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert E. Beach, D.O.		22b. ADDRESS Butler Missouri	22c. DATE SIGNED 6/22/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/24th/62	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	23d. LOCATION (City, town, or county) (State) Butler Missouri
24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Mo.		25. DATE RECD. BY LOCAL REG. 6-24-1962	26. REGISTRAR'S SIGNATURE Norma Jean Wilson

JUL 17 1962

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 John G. Anderson

Licensed Embalmer No. 3585

P. O. Address Butler 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.