

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000686

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4092 Registrar's No. 19

FILED FEB 5 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6192

20192

3

4 1

5 1

6

7 1

8 0

9/70X

10

11

12 1-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | | | |
|---|---|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Cass | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass | | | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR Harrisonville TOWN | | Length of stay in 1b 30 Days | | c. CITY OR TOWN Harrisonville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital! | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (if outside, give location) 806 E. Pearl Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) MARGARET JEWELL PORTER | | | 4. DATE OF DEATH Month January Day 29 Year 1963 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH May 1, 1898 | 9. AGE (last birthday) 64 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home-maker | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Monmouth, Illinois | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Ivory Quinby | | 13b. MOTHER'S MAIDEN NAME Inez Jewell | |
| 14. NAME OF HUSBAND OR WIFE Horatio A. Porter | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> , or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of) | | | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Horatio A. Porter 806 E. Pearl | | | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma DUE TO (b) Carcinoma of left breast DUE TO (c) 2 years Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | 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) | | | | 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 a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>June 3A</u> to <u>1959</u> and last saw her alive on <u>1-28-63</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>Edward S. Jones MD</i> (Degree or title) | | | 22b. ADDRESS Harrisonville Mo | | 22c. DATE SIGNED 1-31-63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 1/31/1963 | 23c. NAME OF CEMETERY OR CREMATORY Orient Cemetery | | 23d. LOCATION (City, town or county) Harrisonville, Missouri (State) |
| 24. FUNERAL DIRECTOR Atkinson Dickey Harrisonville, Mo. ADDRESS | | | 25. DATE RECD. BY LOCAL REG. 1-31-63 | | 26. REGISTRAR'S SIGNATURE <i>Ray J. Subee</i> |

APR 6 1966

FEB 14 1963

61435
61435

1
1
1
0

0-1

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 Robert W. Atkinson

Licensed Embalmer No. 7902

P. O. Address Lawrence, 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.