

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012136

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 63

<b>FILED APR 5 1963</b>							
<p>1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY OR TOWN <u>Webb City MINERAL</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elmhurst</u></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY OR TOWN <u>Jasper</u> d. STREET ADDRESS <u>1/2 miles East of Jasper</u></p>						
<p>3. NAME OF DECEASED (Type or print) First: <u>Anna</u> Middle: <u>Porter</u> Last: <u>Porter</u></p>							
<p>4. DATE OF DEATH Month: <u>March</u> Day: <u>28</u> Year: <u>1963</u></p>							
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>Sept. 23, 1885</u></p>	<p>9. AGE (last birthday) <u>87</u></p>	<p>IF UNDER 1 YEAR Months: Days: Hours: Min.</p>	<p>IF UNDER 24 HR Hours: Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Omaha, Nebraska</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>U. S.</u></p>	
<p>13a. FATHER'S NAME <u>William E. Beach</u></p>			<p>13b. MOTHER'S MAIDEN NAME <u>Eliza D. Funk</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Stephen J. Porter</u></p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u></p>			<p>16. SOCIAL SECURITY NO. <u>[redacted]</u></p>		<p>17. INFORMANT Address <u>Mr. Jesse Beach, Miami, Okla.</u></p>		
<p>18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>						<p>INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> <u>years.</u></p>	
<p>PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)</p>						<p>PART III: If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 16.)</p>			
<p>20c. TIME OF INJURY Hour: Month, Day, Year</p>							
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY STATE</p>	
<p>21. I attended the deceased from <u>July 1947</u> to <u>3/29/63</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>3/24/63</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.</p>							
<p>22a. SIGNATURE <u>C. J. Shue</u> (Degree or title) <u>M.D.</u></p>				<p>22b. ADDRESS <u>1515 Hazel, Carthage, Mo.</u></p>		<p>22c. DATE SIGNED <u>3/29/63</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u></p>		<p>23b. DATE <u>March 30, 1963</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Lowell</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>Lowell, Kansas.</u></p>	
<p>24. FUNERAL DIRECTOR <u>Martin Selvey</u> ADDRESS <u>Jasper, Mo.</u></p>				<p>25. DATE RECD. BY LOCAL REG. <u>4-1-63</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u></p>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59.

10490

20490

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94200

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1286-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JAN 7 1964

Removal permit issued 3-28-63

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 George W. Newcomb

Licensed Embalmer No. 4671

P. O. Address Lockwood, 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.