

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39923

State File No. ....

**FILED DEC 27 1950**

BIRTH NO. .... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 4055 Registrar's No. 1414

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). /a. STATE <u>Missouri</u> /b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Town of Easton</u>		/c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Easton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		/d. STREET ADDRESS (If rural, give location) <u>TOWN</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>	b. (Middle) <u>W.</u>	c. (Last) <u>PORTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 1, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 21, 1863</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired mail carrier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Gov't</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ephraim Porter</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Atterbury</u>	14. NAME OF HUSBAND OR WIFE <u>Alice M.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice M. Porter, Easton, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>not known</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant tumor of prostate gland</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>None</u> DUE TO (c) <u>Not known</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			<u>177X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1950, to Dec 1, 1950, that I last saw the deceased alive on Dec 1, 1950, and that death occurred at 11 AM m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Easton, Missouri</u>	23c. DATE SIGNED <u>12-1-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-3-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarksdale</u>	24d. LOCATION (City, town, or county) (State) <u>Clarksdale, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 19, 1950</u>	REGISTRAR'S SIGNATURE <u>Carl E. Castel</u>	446	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Beam</u>	ADDRESS <u>Maysville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

110

1110

177X

**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 .....  
Student Embalmer

Signed 

Licensed Embalmer No. 3933

P. O. Address Maysville, 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 this body is not embalmed, fact should be so stated above.