

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 712

BIRTH NO. _____		REG. DIST. NO. <u>84</u>		PRIMARY REG. DIST. NO. <u>4148</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>			
b. CITY OR TOWN <u>Atterville</u>		c. LENGTH OF STAY (to this place)		c. CITY OR TOWN <u>Atterville</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atterville, Mo.</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SADIE</u> b. (Middle) <u>GRANT</u> c. (Last) <u>PORTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 5 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>March 1, 1864</u>		9. AGE (If years last birthday) <u>84</u>	if under 1 year Months <u>10</u> Days <u>4</u>	if under 24 hours Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Atterville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u></u>	
13a. FATHER'S NAME <u>Nathaniel Parott</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Dempsey</u>		14. NAME OF HUSBAND OR WIFE <u>Marion Porter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marion Porter</u> <u>Atterville, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Valvular Heart Disease</u> ANTECEDENT CAUSES <u>Disease</u> DUE TO (b) <u></u> DUE TO (c) <u></u>					MEDICAL CERTIFICATION II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4 2 14</u>	
18. CAUSE OF DEATH						INTERVAL BETWEEN ONSET AND DEATH <u>10 7 0</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u></u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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)		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 <u>Jan 1</u> , 19 <u>49</u> , to <u>Jan 5</u> , 1949, that I last saw the deceased alive on <u>1-5</u> , 1949, and that death occurred at <u>11 A</u> m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thos L. Fogel M.D.</u>				23b. ADDRESS <u>Atterville, Mo</u>		23c. DATE SIGNED <u>1-6-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 6, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Atterville Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-6-49</u>		REGISTRAR'S SIGNATURE <u>Hellie Mulholland</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays Painter</u>		ADDRESS <u>Atterville, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-4-49

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, ~~and~~ _____

Student Embalmer No. _____

working under my personal supervision.

Signed Robert L. Painter

Signed _____
Student Embalmer

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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.