

FILED JUN 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20339

State File No.

 BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Moreau Twnship</u>		c. LENGTH OF STAY (In this place) <u>lifetime</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - MOREAU TOWNSHIP</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi. So. Versailles</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. So. Versailles</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi. So. Versailles</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>ANDREW</u> c. (Last) <u>PORTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 16th 1949</u>
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>July 16-1863</u>
9. AGE (In years last birthday) <u>85</u>		if UNDER 1 YEAR Months <u>11</u> Days <u>-</u>	if UNDER 4 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Hugh Porter</u>	
13b. MOTHER'S MAIDEN NAME <u>Cornela Tice</u>		14. NAME OF HUSBAND OR WIFE <u>Roda J. Cooper Porter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. A. Porter - Sadalia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>degenerative Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>4 1/2</u> <u>unknown</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>2</u>	19b. MAJOR FINDINGS OF OPERATION <u>2</u>		21. ACCIDENT SUICIDE HOMICIDE (Specify)
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21c. HOW DID INJURY OCCUR?	
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 <u>Dec 1, 1948</u> , to <u>June 16, 1949</u> , that I last saw the deceased alive on <u>June 16, 1949</u> , and that death occurred at <u>6 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. J. Gunn M.D.</u>		23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>6-16-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>17-June-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Versailles, Missouri</u>
DATE REC'D BY LOCAL REG. <u>6-16-49</u>	REGISTRAR'S SIGNATURE <u>J. L. Washburn</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. F. Culwell Versailles, Mo.</u>	

V.O.C-

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4871
6
6

RECEIVED

District Health Officer No. 7;

District File Number 5-49-235

Date Filed 6-20-49

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, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Eric J. Dartman.....

Licensed Embalmer No. 4021.....

P. O. Address Warrenton, 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.