

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35982

BIRTH NO. \_\_\_\_\_ REG. DIST. No. 324 PRIMARY REG. DIST. No. 6093 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <u>Rural Marshall Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marshall Townships</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Platte City</u>	
c. LENGTH OF STAY (in this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 2, Platte City, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>MISSOURI STATE SCHOOL 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dixie</u> b. (Middle) <u> Mae</u> c. (Last) <u>Porter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 23 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 15, 1937</u>
9. AGE (In years last birthday) <u>12</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	11. KIND OF BUSINESS OR INDUSTRY <u>Institution</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Floyd E. Porter</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie P. Jacobs</u>	
14. NAME OF HUSBAND OR WIFE <u>None</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)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mo. State School, Marshall, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute bronchial pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____			
11. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <u>10-14</u> , <u>1949</u> , to <u>10-23</u> , <u>1949</u> , that I last saw the deceased alive on <u>10-23</u> , <u>1949</u> , and that death occurred at <u>4:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Francis J. Nichols, M.D.</u>		23b. ADDRESS <u>Marshall, Mo.</u>	
23c. DATE SIGNED <u>10-23-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-25-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Platte City cem</u>		24d. LOCATION (City, town, or county) (State) <u>Platte City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 23 1949</u>		REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u> 385	
25. FUNERAL DIRECTOR'S SIGNATURE <u>CAMPBELL-LEWIS, MARSHALL, MO.</u>		ADDRESS	

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

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RECEIVED OCT 31

District Health Officer No. 8,

District File Number -----

Date Filed 11-5-49 -----

JUN 14 1950

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 James H. Lewis -----

Licensed Embalmer No. 4709 -----

P. O. Address Marshall, 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.