

FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1560

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 8030 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Festus</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Festus</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>116 Walnut St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Howard</b> b. (Middle) <b>Leo</b> c. (Last) <b>Portell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 14, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 23, 1907</b>
9. AGE (In years last birthday) <b>42/4/21</b>		10. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Glassworker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mfg. of Glass</b>	
11. BIRTHPLACE (State or foreign country) <b>Old Mines, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John B. Portell</b>		13b. MOTHER'S MAIDEN NAME <b>Agnes Mary Torrence</b>	
14. NAME OF HUSBAND OR WIFE <b>Zola DeRousse</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Zola Portell</b>		ADDRESS <b>116 Walnut, Festus, Mo.</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>11 hrs.</b>  <b>2 1/2 yrs</b>  <b>42 or 1</b>			
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		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) <b>none</b>		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 <b>May 5, 1947</b> , to <b>January 17, 1950</b> , that I last saw the deceased alive on <b>Dec. 17, 1949</b> , and that death occurred at <b>9:15 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>John F. Rutledge, M.D.</b>		23b. ADDRESS <b>Crystal City Mo</b>	
23c. DATE SIGNED <b>Jan. 18, 1950</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 17, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Methodist</b>		24d. LOCATION (City, town, or county) (State) <b>Festus Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1/18/50</b>		REGISTRAR'S SIGNATURE <b>Clara Bellville</b> 142	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. ...</b>		ADDRESS <b>120 Main St Festus</b>	

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

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