

No. 300
10. 48

FILED AUG 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23874

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 229 Registrar's No. 76

0500

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

1. PLACE OF DEATH a. COUNTY Jefferson County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Old Mines 1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED a. (First) John b. (Middle) Thomas c. (Last) Portell			4. DATE OF DEATH (Month) (Day) (Year) 7 26 1950			
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED	8. DATE OF BIRTH 3-16-1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 4 Days 10	IF UNDER 1 M. HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Washington County Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Lewis Portell		13b. MOTHER'S MAIDEN NAME Roseine Boyer		14. NAME OF HUSBAND OR WIFE Rosel	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 76	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Robert Portell old mines mo		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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate with obstruction of urinary outlet.			INTERVAL BETWEEN ONSET AND DEATH 1 year.
	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 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 19 49, to July 26, 1950, that I last saw the deceased alive on July 22, 1950, and that death occurred at 9:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE Thomas A. Donnell M.D. (Degree or title)	23b. ADDRESS Redata, Mo.	23c. DATE SIGNED 7-27-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-29-1950	24c. NAME OF CEMETERY OR CREMATORY ST Joeckling	24d. LOCATION (City, town, or county) (State) Old Mines Mo
DATE REC'D BY LOCAL REG. 7-29-50	REGISTRAR'S SIGNATURE Kathleen Marsden	141	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyer Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 8-7-50

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.

Signed.....
Student Embalmer

Signed

Mary M. Smith
Licensed Embalmer No. *4394*
P. O. Address *Pataskia, 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.