

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 23960

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5070 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>Rural Mineola</u>	c. LENGTH OF STAY (in this place) <u>7 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 05th Mineola</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1/2 MILE N of Corso Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 1/2 M N of Corso Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROLLA</u> b. (Middle) <u>HUNTSMAN</u> c. (Last) <u>PORTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-31-50</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11-20-1879</u>	9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>11</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Rural mail carrier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm. J. Porter</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Huntsman</u>	14. NAME OF HUSBAND OR WIFE <u>Roxy Porter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roxy Porter</u> ADDRESS <u>Corso Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>rise to the above cause, (a) stating the underlying cause last.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>4-20-1</u>			

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1949 to July 15, 1950, that I last saw the deceased alive on July 15, 1950, and that death occurred at 6:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>R. M. P... M.D.</u> (Degree or title)	23b. ADDRESS <u>Sikeston Mo - Aug 2/50</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 2-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Corso Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 2-50</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Warren McCoy Troy Mo</u> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0570

RECEIVED

AUG - 9 1950

DISTRICT HEALTH OFFICE No. 4

File No. _____

ARR 31 1950

Wayne Mc Coy

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed *Wayne Mc Coy*

Licensed Embalmer No. *3586*

P. O. Address *Troy 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.