

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24311

State File No.

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4414 Registrar's No. 60

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>PLATTE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u> | |
| b. 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 YRS.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PLATTE CITY</u> <u>0830</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |

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|---|---------------------------|---|---------------------------------------|---|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>WILLIAM</u> | b. (Middle) <u>ENOCH</u> | c. (Last) <u>PORTER</u> | (Month) <u>AUG.</u> | (Day) <u>1</u> | (Year) <u>1950</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>JAN. 12, 1873</u> | 9. AGE (in years last birthday) <u>77</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER (RETIRED)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</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>THOMAS PORTER</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY E. ARNOLD</u> | | 14. NAME OF HUSBAND OR WIFE <u>EMMA F. (TUDOR) PORTER</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Claude B. Porter, PLATTE CITY, Mo</u> | |

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|--|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of head</u> <u>of pancreas</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</u> <u>157X</u> | |
|--|--|--|--|--|--|

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|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ (Min.) _____ | 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 March, 1947, to Aug, 1950, that I last saw the deceased alive on Aug 1, 1950, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

| | | |
|--|-------------------------------------|--|
| 23a. SIGNATURE <u>William B. Baker, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Platte City, Mo</u> | 23c. DATE SIGNED <u>8/3/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>8-3-50</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>8-3-50</u> | REGISTRAR'S SIGNATURE <u>Olivia Racine</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Rollins & Mitchell</u> ADDRESS <u>Platte City, Mo.</u> |
|--|--|--|

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

SEP 13 1957



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

Roland M. Giffey

Licensed Embalmer No.

4725

P. O. Address

Platte City, 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.