

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25880

State File No. _____

FILED AUG 11 1950

No. 300

10.48

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Union Twp.</u> c. LENGTH OF STAY (In this place) <u>70 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Central - Newbold</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cadet, R. 1.</u>		d. STREET ADDRESS (If rural, give location) <u>Cadet, R. 1 110th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>CARRICK</u> c. (Last) <u>PORTELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 7/1880</u>
9. AGE (In years last birthday) <u>70</u>	10. MONTH <u>4</u> DAY <u>27</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mining</u>	

13a. FATHER'S NAME <u>ZENO PORTELL</u>	13b. MOTHER'S MAIDEN NAME <u>Lucinda Christopher</u>	14. NAME OF HUSBAND OR WIFE <u>Sylvia Portell</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>489-28-0142</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Portell</u> ADDRESS <u>Cadet, Mo.</u>
---	---	--

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		INTERVAL BETWEEN ONSET AND DEATH <u>4221</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____		
II. 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"/>
------------------------	----------------------------------	---

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 6/1, 1949 to 8/4, 1950, that I last saw the deceased alive on 8/3, 1950 and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. H. Chesswell M.D.</u>	23b. ADDRESS <u>Potosi, Mo.</u>	23c. DATE SIGNED <u>8/5/50</u>
--	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-7-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachim's</u>	24d. LOCATION (City, town, or county) (State) <u>Old Mines Mo</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>8/5/50</u>	REGISTRAR'S SIGNATURE <u>H. L. Ruddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Boyer</u> ADDRESS <u>Funeral Home Potosi, Mo.</u>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 1950

WASH. COUNTY HEALTH DEPT.

File No. 950-19

NOV 16 1967

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

Howard Higginbotham

Licensed Embalmer No. 45-78

P. O. Address

Potosi, 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.