

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37565

State File No.

FILED NOV 30 1950

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4262 Registrar's No. 99

20

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

1. PLACE OF DEATH a. COUNTY <u>Knox</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knox City Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knox City Mo.</u>		0520
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Knox City Mo.</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lydia</u>		b. (Middle) <u>May</u>	c. (Last) <u>Porter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 20 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 1 1871</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>6</u> IF UNDER 12 HRS. Hours <u>19</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Knox Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>George Burkheart</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kennedy</u>		14. NAME OF HUSBAND OR WIFE <u>Robert E Porter</u>	
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 ADDRESS <u>Earl Porter Euwing 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ii. ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile dementia</u> DUE TO (c) iii. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>491X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 year</u>
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) <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <u>Nov 13, 1950</u> to <u>Nov 20, 1950</u> that I last saw the deceased alive on <u>Nov 20, 1950</u> , and that death occurred at <u>12:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. Phillips</u> (Degree or title)		23b. ADDRESS <u>Knox City Mo.</u>		23c. DATE SIGNED <u>11/21/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linnville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Edina Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov 21-1900</u>	REGISTRAR'S SIGNATURE <u>Neil S. Hunn</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. J. Suga</u>	ADDRESS <u>Knox City Mo.</u>		

MAR 13 1951

Date Received: NOV 27 1950
DISTRICT HEALTH OFFICE #2
District File Number 71-58-2
Date Filed: NOV 28 1950

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 _____

Keith Hudson

Licensed Embalmer No. _____

2415

P. O. Address _____

Edina Missouri

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.