

FILED APR 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 8229

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BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5530 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Benton Twp	c. LENGTH OF RESIDENCE (In this place) 84 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Rural Benton Twp. 0441	d. STREET ADDRESS (If rural, give location) Near Mound City
d. FULL NAME OF HOSPITAL OR INSTITUTION Near Mound City, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) Berner c. (Last) Porter			4. DATE OF DEATH (Month) (Day) (Year) March 31, 1951				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced... 3	8. DATE OF BIRTH Feb. 18, 1887		9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months IF UNDER 1 YEAR Days IF UNDER 1 HRS. Hours IF UNDER 1 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Dewitt Clinton Porter		13b. MOTHER'S MAIDEN NAME Julia Fries		14. NAME OF HUSBAND OR WIFE Pearl Porter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lucille Straw No. Kansas City, Mo.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
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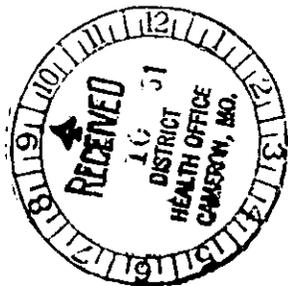
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		492X
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 31, 1951, March 31, 1951, that I last saw the deceased alive March 31, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. E. Hogan M.D.</u>		(Degree or title)		23b. ADDRESS <u>Mound City Mo</u>		23c. DATE SIGNED <u>3-31-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/2/1951		24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery		24d. LOCATION (City, town, or county) (State) Mound City, Missouri	

DATE REC'D BY LOCAL REG. 4/2/1951	REGISTRAR'S SIGNATURE <u>James C. Tracy by wife</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James L. Crawford Mound City, Mo.</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 *James H. Crawford*

Licensed Embalmer No. *4796*

P. O. Address *Mound 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.