

FILED SEP 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. 29799

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5-289 Registrar's No. 71

240

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Gashland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0240</u> <u>Gashland</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Porter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10 1951</u>
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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>April 14, 1888</u>	9. AGE (In years last birthday) <u>63</u>	# UNDER 1 YEAR Months <u>4</u> Days <u>27</u>	# 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 Postal Employee</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>LAMAR, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>K. TRIDYE PORTER</u>	13b. MOTHER'S MAIDEN NAME <u>UNK DALE</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. TERAH MAE PORTER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>DALE PORTER - GASHLAND, MO.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>2 yrs</u> <u>4-5 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery heart disease</u>		
	DUE TO (c) <u>Hypertension</u>		
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 checked="" 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) <u>4201</u>
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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?
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22. I hereby certify that I attended the deceased from May, 1950, to 10 Sept, 1951, that I last saw the deceased alive on 8 Sept, 1951, and that death occurred at 1 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Kitchener M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>2025 - SW 1st Ave. K.C.</u>	23c. DATE SIGNED <u>10 Sept 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smithville Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Smithville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Sept 12 - 51</u>	REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer's Sons</u>	ADDRESS <u>North Kansas City, Mo.</u>
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509-818



SEP 22 1951

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Glen H Hill

Licensed Embalmer No. 4586

P. O. Address Quindale, MD

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.