

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34571

FILED OCT 17 1951

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 318

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>42 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1311 S. Ohio</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1311 S. Ohio</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>S.</u> c. (Last) <u>PORTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-9-1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	
8. DATE OF BIRTH <u>Jan-19-1863</u>		9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR: Months <u>8</u> Days <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Pleasant Green Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>James Card</u>		13b. MOTHER'S MAIDEN NAME <u>Phoebe Smithers</u>		14. NAME OF HUSBAND OR WIFE <u>John C. Porter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Irene Lister</u>	
				ADDRESS <u>Sedalia</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Paralysis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left Cerebral Hemorrhage</u>		<u>10 hours</u>	
		DUE TO (c) <u>Arteriosclerosis</u>		<u>Indefinite</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis + Cardiac Decompensation</u>		<u>6 weeks</u>	

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) _____	
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 3-5-1946 to 10-9-1951, that I last saw the deceased alive on 10-9-1951, and that death occurred at 5:07A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Rodeman, M.D.</u> (Degree or title)		23b. ADDRESS <u>219 1/2 S. Ohio St. Sedalia Mo.</u>		23c. DATE SIGNED <u>10-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-11-51</u>		24c. NAME OF CEMETERY OR CREMATORY, LOCATION (City, town, or county) (State) <u>Crown Hill Sedalia Mo</u>	

DATE REC'D BY LOCAL REG. <u>10-11-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlin Bros Sedalia</u>	
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RECEIVED OCT 16 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 16 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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed K.P.M. Cray

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.