

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1952

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

| | | | | | | | |
|---|--|---|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>5465</u> | | Registrar's No. <u>18</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield Rural Campbell Twp.</u> | | c. LENGTH OF STAY (In this place) <u>103 1/2</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Willard Rural Murray Twp.</u> | | d. STREET ADDRESS (If rural, give location) <u>Willard R.F.D. # 2</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>County Hospital</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> | | b. (Middle) <u>EUGENE</u> | | c. (Last) <u>PORTER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6, 1952</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> | | 8. DATE OF BIRTH <u>(Unk) 1876</u> | |
| 9. AGE (In years last birthday) <u>76</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>(unknown) Wisconsin</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | | | |
| 13a. FATHER'S NAME <u>Unknown</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Eva 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 AND ADDRESS <u>Russell Porter, 706 Maple Street, Shenandoah, Iowa</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic</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>Unknown</u> | |
| 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) <u>4222</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>Dec 15, 1951</u> , to <u>Jan 6, 1952</u> , that I last saw the deceased alive on <u>Jan 5, 1952</u> and that death occurred at <u>2:20 A.M.</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>James H. Amos, M.D.</u> | | | | 23b. ADDRESS <u>Springfield, Mo.</u> | | 23c. DATE SIGNED <u>1/8/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10 Jan 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri.</u> | |
| DATE RECD BY LOCAL REG. <u>1-8-52</u> | | REGISTRAR'S SIGNATURE <u>James H. Amos, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Fred C. Thome, Springfield, Mo.</u> | | | |

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.....

Ralph H. Thomas

Licensed Embalmer No.....3681.....

Signed.....
Student Embalmer

P. O. Address.....Springfield, 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.