

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1952

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO: 3072 Registrar's No. 3

970

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall		c. CITY (If outside corporate limits, write RURAL and give township) Marshall	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 620 East Arrowwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital			

3. NAME OF DECEASED a. (First) Mary b. (Middle) Frances c. (Last) Portwood			4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home		8. DATE OF BIRTH March 10, 1879	
11. BIRTHPLACE (State or foreign country) Kentucky		9. AGE (In years last birthday) 72		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Portwood		13b. MOTHER'S MAIDEN NAME Nancy Kelly		14. NAME OF HUSBAND OR WIFE -----	
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 ADDRESS Mrs. W A Wells Marshall, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fracture Right hip		INTERVAL BETWEEN ONSET AND DEATH 1/3/52	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) Arterial Sclerosis		49y	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 197 E9030-20		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	---	--	---	--

21a. ACCIDENT OR HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marshall Saline Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-3-52 9A		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Slipped Fall in Home	

22. I hereby certify that I attended the deceased from **Aug 1, 1950** to **1/3, 1952**, that I last saw the deceased alive on **1/3, 1952** and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. A. Wells		23b. ADDRESS Marshall Mo		23c. DATE SIGNED 1/4/52	
--------------------------------------	--	------------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 5, 1952		24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery	
				24d. LOCATION (City, town, or county) (State) Marshall, Mo.	

DATE REC'D BY LOCAL REG. Jan 5 - 1952		REGISTRAR'S SIGNATURE Sidney T Gray		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell & Lewis - Marshall, Mo.	
---	--	---	--	---	--

JAN 8 1952

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

JAN 8 1952

APR 10 1952

JAN 17 1952

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. Swift

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.