

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13074

State File No. ....

1729

ED APR 26 1952

BIRTH NO. 21758 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (If in this place) <u>Life</u>	c. CITY OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>6031 East 14th</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>6031 East 14th</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant Porter</u> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>4-15-52</u>		
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE (1)</u>	8. DATE OF BIRTH <u>4/15/52</u>		9. AGE (In years last birthday) <u>5</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>William Porter</u>		13b. MOTHER'S MAIDEN NAME <u>Marysue Mann</u>		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) <u>no.</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Porter</u> ADDRESS <u>K.C. Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity Immaturity (3 1/2 mos. Prematurity)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature labor.</u> 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>770x</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Kansas City Jackson Mo</u>		
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 <u>4-15</u> , 19 <u>52</u> to <u>4-15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-15</u> , 19 <u>52</u> and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Webb S. Alsop Jr.</u> (Degree or title)			23b. ADDRESS <u>1107 Bryant Bldg. K.C. Mo.</u>		23c. DATE SIGNED <u>4-15-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>4/16/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-15-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SHEIGS</u> ADDRESS <u>K.C. Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

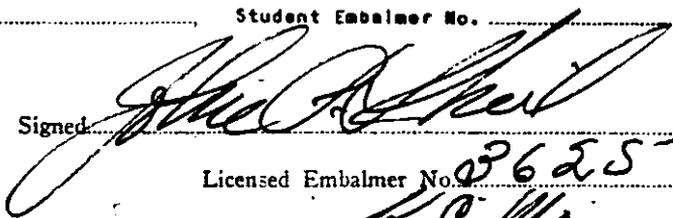
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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  \_\_\_\_\_  
Licensed Embalmer No. 3625  
P. O. Address H.C. 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.