

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14669**
Registrar's No. **3365**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Herculaneum	
c. LENGTH OF STAY (In this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) A. c. (Last) Portlock			4. DATE OF DEATH (Month) (Day) (Year) April 8, 1952		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Jan. 24, 1886		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR (Days) 2 IF UNDER 1 MRS. (Hours) 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kentucky	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Zetta M. Portlock		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. John A. Portlock		ADDRESS Herculaneum			

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>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition Emaciation		DUE TO (b) Cirrhosis of Liver				6 wks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Undetermined Etology				1 yr.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Liver, Generalized Arterioscl				10 yrs +	
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)			
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 5810 B			

22. I hereby certify that I attended the deceased from **7-10, 1952**, to **4-8, 1952**, that I last saw the deceased alive on **4-8-52, 1952**, and that death occurred at **3:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John R. Kennedy MD EM		23b. ADDRESS 508 W Grand		23c. DATE SIGNED 4-9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 11, 1952		24c. NAME OF CEMETERY OR CREMATORY Catholic	
24d. LOCATION (City, town, or county) (State) Crystal City, Mo.		FUNERAL DIRECTOR'S SIGNATURE Paul R. Polite		ADDRESS Crystal City, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 10 1952		REGISTRAR'S SIGNATURE Carl Smith		FEDERAL DIRECTOR'S SIGNATURE	

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 Gentry R. Polite

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.