

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16709

State File No. ....

2248

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> <u>3368</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>49 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2801 Norton</b> <u>316</u>	
d. TOWN NAME OF HOSPITAL OR INSTITUTION <b>General Hospital # 2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jessie</b> b. (Middle) <b>Porter</b> c. (Last) <b>Porter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-13-52</b>		
5. SEX <b>Female</b> <u>3</u>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b> <u>2</u>	8. DATE OF BIRTH <b>11-18-89</b> <u>1889</u>	9. AGE (In years last birthday) <b>62</b> <u>62</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, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Alabama</b> <u>1</u>	
13a. FATHER'S NAME <b>Dan Wynn</b>			13b. MOTHER'S MAIDEN NAME <b>Hosie Williams</b>		14. NAME OF HUSBAND OR WIFE <b>Andrew Porter</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rowena Neely 2541 Garfield</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac arrest</b>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last.		DUE TO (b) <b>Metastatic carcinoma from left breast</b>			<b>170X</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <b>Hypertensive heart disease with</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>left and right failure</b>			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) m.	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 <b>5-10-52</b> <u>7:10 A</u> , to <b>5-13-52</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>5-13-52</b> , and that death occurred at <b>7:10 A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>E. Frank Ellis</b> MD (Degree or title)		23b. ADDRESS <b>600 E. 22nd Street</b>	
23c. DATE SIGNED <b>5-16-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/17/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Lawn</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
DATE REC'D BY LOCAL REG. <b>5-16-52</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Bros. 18th &amp; Benton</b>	

WRITE PLAINLY—USING UNEADING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Bruce K. Watkins*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 18<sup>th</sup> & Benton

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.