

FILED OCT 6 - 1953

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

32474

State File No.

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Moreau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Moreau	
c. LENGTH OF STAY (in this place) Years		0710	
d. FULL NAME OF HOSPITAL OR INSTITUTION Four Miles South of Versailles		d. STREET ADDRESS (If rural, give location) Four Miles South of Versailles, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) Rhoda	b. (Middle) Jane	c. (Last) Porter	4. DATE OF DEATH (Month) (Day) (Year) September 27, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 2, 1868	9. AGE (In years less birthday) 85	IF UNDER 1 YEAR 4 Months	IF UNDER 24 HRS. 25 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Cooper	13b. MOTHER'S MAIDEN NAME Elizabeth McGinnis	14. NAME OF HUSBAND OR WIFE John Porter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Leonard Porter ADDRESS Versailles, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH 4.8 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tremia ANTECEDENT CAUSES Senility 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. Chronic Cholecystitis 17 yrs			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 585X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-24, 1953 to 9-27, 1953 that I last saw the deceased alive on 9-26, 1953, and that death occurred at 39 m., from the causes and on the date stated above.

23a. SIGNATURE P. F. Eckhoff D.O. (Degree or title)	23b. ADDRESS Versailles, Mo.	23c. DATE SIGNED 9-27-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE September 29 1953	24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery Versailles Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 9-28-53	REGISTRAR'S SIGNATURE J. L. ...	25. PUBLIC HEALTH DIRECTOR'S SIGNATURE James B. Scrimer Versailles, Mo. ADDRESS
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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 James R. Scrimner
Licensed Embalmer No. 4880

P. O. Address Vero Beach, Md.

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.