

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5290**
 BIRTH NO. **FILED MAR 1 1954** REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **5592** Registrar's No. **13**

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| 1. PLACE OF DEATH a. COUNTY Jefferson | | 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 RURAL - Joachim | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Herculaneum | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) School St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|----------------------------------|--|--|---|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) Joseph | b. (Middle) Walter | c. (Last) Portell | Feb. 18, 1954 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 23, 1885 | 9. AGE (In years last birthday) 69/0/25 | IF UNDER 1 YEAR Months Days Hours Mths. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Worker, Retired | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Old Mines, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S. A. |

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| 13a. FATHER'S NAME Henry Zeno Portell | 13b. MOTHER'S MAIDEN NAME Mary Trokey | 14. NAME OF HUSBAND OR WIFE Pauline DeGobia |
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| 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. | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Pauline Portell, Herculaneum, Mo | ADDRESS |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | 30 mins |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis 10 yrs DUE TO (c) Essential Hypertension 10 yrs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? 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 **2/1**, 19**54**, to **2/18**, 19**54**, that I last saw the deceased alive on **2/18/54**, 19**54**, and that death occurred at **11:45 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE W. E. Deem | (Degree or title) MD | 23b. ADDRESS Herculaneum, Mo | 23c. DATE SIGNED 5/21/54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2/22/54 | 24c. NAME OF CEMETERY OR CREMATORY Catholic | 24d. LOCATION (City, town, or county) (State) Herculaneum, Mo. |
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| DATE REC'D BY LOCAL REG 2-21-54 | REGISTRAR'S SIGNATURE W. E. Deem | 25. FUNERAL DIRECTOR'S SIGNATURE H. S. Vinyard | ADDRESS Herculaneum, Mo. |
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED FEB 24 1954

MAR 15 1954

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.....

James J. Hammett

Signed.....
Student Embalmer

Licensed Embalmer No. *4744*

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.