

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37536

State File No.

FILED DEC 12 1955

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. H330 Registrar's No. 447

1. PLACE OF DEATH a. COUNTY <u>MISSISSIPPI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MISSISSIPPI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EAST PRAIRIE Mo.</u>		c. CITY OR TOWN <u>EAST PRAIRIE Mo.</u>	
c. LENGTH OF STAY (in this place) <u>5 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>EAST PRAIRIE Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>EAST PRAIRIE Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>C.</u> c. (Last) <u>PORTWOOD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22 55</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Aug. 27, 1902</u>		9. AGE (In years last birthday) <u>53</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SALESMAN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HAYTI Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>FRED PORTWOOD</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Beshes</u>		14. NAME OF HUSBAND OR WIFE <u>LONA MAY PORTWOOD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>382-05-0478</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LONA MAY PORTWOOD EAST PRAIRIE</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</u>		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) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>151X</u>	

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 WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 14, 1954, to Nov 22, 1955, that I last saw the deceased alive on Nov 22, 1955, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald O. O.</u> (Degree or title)		23b. ADDRESS <u>East Prairie Mo.</u>		23c. DATE SIGNED <u>11-28-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov 24, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HAYTI Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo.</u>					

DATE REC'D BY LOCAL REG. <u>12-7-55</u>		REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shelby East Prairie Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 7 1955

RECEIVED

Miss. Co. Health Dep

County File No. _____

Date Filed DEC 7 1955

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 _____
Signature of Student Embalmer

Signed *W. Davis Shelby Jr.* _____

Licensed Embalmer No. *4940*

P. O. Address *East Point*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.