

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2376**

FILED JAN 25 1956

2860

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 4433		Registrar's No. 3		
1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Putnam				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Unionville		c. LENGTH OF STAY (In this place) 10 yrs		c. CITY OR TOWN Unionville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) 0860				
3. NAME OF DECEASED (Type or Print) a. (First) Anna			b. (Middle) Portlock			c. (Last) _____		
4. DATE OF DEATH (Month) (Day) (Year) Jan 18 1956								
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH July 30-1880		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 5 Days 18	IF UNDER 1 HR. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homework		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY? US		
13a. FATHER'S NAME Henry Leshner			13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE John Portlock			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME George Wolf, Unionville, Mo ADDRESS _____				
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) Cancer - gastro-intestinal 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. 159X					INTERVAL BETWEEN ONSET AND DEATH 2-3 weeks Months	
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) (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 Jan. 10, 1955 , to Jan. 18, 1956 , that I last saw the deceased alive on Jan. 18, 1956 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. W. Gallman D.O.				23b. ADDRESS Unionville Mo		23c. DATE SIGNED Jan. 19, 1956		
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE Jan 20-56	24c. NAME OF CEMETERY OR CREMATORY Unionville Mo		24d. LOCATION (City, town, or county) (State) Unionville Mo			
DATE REC'D BY LOCAL REG. 1-19-56		REGISTRAR'S SIGNATURE Marcell Turbin 266		25. FUNERAL DIRECTOR'S SIGNATURE J. D. Huston ADDRESS Unionville Mo				

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.....
Paul C. Husted

Licensed Embalmer No.....
539

P. O. Address.....
Memphis

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.