No. 300
10.48

FILED JAN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44655

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5290 Registrar's No. 12

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

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 miles N. Kearney, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN: Holt
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 4 miles N. Kearney, Mo. 6 ad

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Hixon
c. (Last): Porter

4. DATE OF DEATH (Month) (Day) (Year): Dec. 9, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 25, 1880
9. AGE (In years last birthday): 76 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Holt, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Porter
13b. MOTHER'S MAIDEN NAME: Mary E. Coryell
14. NAME OF HUSBAND OR WIFE: Bertha Mathes Porter

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.: Yes, Unk
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Fleet Porter, Rural, Holt, Mo.

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Malnutrition	12-15 Mo.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Anorexia Nervosa	2 yrs.
DUE TO (c)	Psychogenic	2 yrs.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Retreting deficiency	[illegible] 3-4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 310X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-19, 1956, *to* 12-9, 1956, *that I last saw the deceased alive on* 12-8, 1956, *and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde M. Smith Do. 2
23b. ADDRESS: Liberty Mo.
23c. DATE SIGNED: 12-11-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-11-56
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Kearney, Mo.

DATE REC'D BY LOCAL REG.: 1-14-57
REGISTRAR'S SIGNATURE: Mabel Graham
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Fry Funeral Home, Kearney, Mo.

491-

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 21 1956
CLAY CO.
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. H. Nise

Licensed Embalmer No. 257

P. O. Address Louisville 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.