Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36470
STATE FILE NUMBER

FILED OCT 21 1957

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 118

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Warrensburg — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Warrensburg Medical Center — Length of stay in Hospital 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Warrensburg — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 117 Ming St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First William Middle M. Last Porter

4. DATE OF DEATH: Month 10 Day 14 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARITAL STATUS: MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Nov. 17, 1878

9. AGE (In years last birthday) 79 — 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) Baker

10b. KIND OF BUSINESS OR INDUSTRY Wholesale Bakery

11. BIRTHPLACE (City and state or country) Centerpoint, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Porter

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Margaret Porter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 496-32-4030

17. INFORMANT Mrs Helen Moriarty Address Warrensburg, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Esophagus — INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 150X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 8, 57 to Oct 14, 57 and last saw him alive on Oct 14, 57
Death occurred at 9:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) M.D.

22b. ADDRESS Warrensburg, Mo.

22c. DATE SIGNED October 15, 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10-16-1957

23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery

23d. LOCATION (City, town, or county) (State) Warrensburg, Mo.

24. FUNERAL DIRECTOR Sweeney-Phillips ADDRESS Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG. Oct. 15, 1957

26. REGISTRAR'S SIGNATURE Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Cardiac, cardiac, etc. must be only statement of underlying cause in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address Warrensburg

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.