Health, Welfare Public Service

300 -57

FILED FEB 19 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006205
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 28

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, give TOWNSHIP only) OR TOWN RURAL JOACHIM — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN HERCULANEUM — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) JEFF. COUNTY HOS — Length of stay in 1b 12 hrs.	d. STREET ADDRESS 318 CURVE ST. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOHN	Middle L.	Last PORTLOCK	4. DATE OF DEATH Month Day Year 2-9-58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 4-26-36
9. AGE (In years last birthday) 21	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) Plumbing	10b. KIND OF BUSINESS OR INDUSTRY Helper	11. BIRTHPLACE (City and state or country) CRYSTAL HEIGHTS, MO.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN PORTLOCK	13b. MOTHER'S MAIDEN NAME ZITTA M. DIFINI	14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT MRS ZITTA PORTLOCK Address HERCULANEUM, 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) Cerebral Concussion — INTERVAL BETWEEN ONSET AND DEATH 1 day.

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)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

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

20c. TIME OF INJURY Hour a.m. p.m. 12:30 Month, Day, Year 2/9/58

050

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.) Highway

20f. CITY, TOWN, OR LOCATION Joachim COUNTY Jeff STATE Mo

21. I attended the deceased from Inquest, to _____ and last saw her/him alive on _____

Death occurred at 1:50P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James C. Rehm D.C. Coroner	22b. ADDRESS Festus, Mo	22c. DATE SIGNED 2/10/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-13-58	23c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEMETERY
23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.		
24. FUNERAL DIRECTOR ADDRESS GENTRY R. POLITTE CRYSTAL CITY, MO.	25. DATE RECD. BY LOCAL REG. 2-11-58	26. REGISTRAR'S SIGNATURE Jesse A. Rigdon

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item for the symptom. All diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

MAR 5 1958

DATE RECEIVED

FEB 18 1958

MAR 31 1958

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 Geoffrey R. Pelletier

Licensed Embalmer No. 348

P. O. Address Crystal City

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.