

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026102

STATE FILE NUMBER 77

FILED JUL 21 1958

Registration District No. 166 Primary Registration District No. 5604 Registrar's No. 76

V. S. 300-3
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montserrat Township		c. CITY OR TOWN 0510	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Sky-Haven Motel	
3. NAME OF DECEASED (Type or print) First ROBERT Middle A. Last O PORTER		4. DATE OF DEATH Month July Day 14 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 12, 1935
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Consulting Engineer		10b. KIND OF BUSINESS OR INDUSTRY Engineering Corp.	11. BIRTHPLACE (City and state or country) Mass.
13a. FATHER'S NAME William H. Porter		13b. MOTHER'S MAIDEN NAME Iola Porter	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes - No Nov 55 - May 57		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Mrs. Iola Porter, Wakefield, Mass.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Injuries and massive burns DUE TO (b) Received in Auto accident DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Sudden
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car overturned, and burned	
20c. TIME OF INJURY 9:20 p.m. 7 14 58		20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 50 Johnson Co. Mo.		20f. CITY, TOWN, OR LOCATION Johnson Mo.	
21. I attended the deceased from Coroner Johnson County, Missouri and last saw her alive on July 14, 1958 Death occurred at 9:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Kelly Rawlins, M.D. Coroner		22b. ADDRESS Holden Mo	
22c. DATE SIGNED 7/15/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 15, 1958	23c. NAME OF CEMETERY OR CREMATORY Forest Glaze Cemetery	23d. LOCATION (City, town, or county) Wakefield, Mass.
24. FUNERAL DIRECTOR R.A. Brauninger, Warrensburg, Mo.		25. DATE RECD. BY LOCAL REG. July 15-58.	26. REGISTRAR'S SIGNATURE Gene L. Beatty

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Corrected by affidavit 8/22/58

JUL 9 1 1958

AUG 22 1958

AUG 15 1958

JUL 22 1958

VS
MAY 1 1959

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 *Richard Y. McDonald*

Licensed Embalmer No. *4825*

P. O. Address *Warrenburg Mo*

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.