

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028464

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. \_\_\_\_\_ Registrar's No. 434

FILED AUG 25 1958

1. PLACE OF DEATH a. COUNTY <u>Cape</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau, Missouri</u>		c. CITY OR TOWN <u>East Prairie</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Middle Last <u>James Manuel Portwood</u>			4. DATE OF DEATH Month Day Year <u>July 27, 1958</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 8, 1913</u>	9. AGE (In years last birthday) <u>45</u>	10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
-----------------------	----------------------------------	---	--	--	----------------------------------	------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Labor</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Hayti, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>Freddie D. Portwood</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Hires</u>	14. NAME OF HUSBAND OR WIFE <u>Martha L. Portwood</u>
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT Address <u>Mrs. Martha Portwood, East Prairie, Mo.</u>
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Hepatitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
---	--	--

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Fatty infiltration of liver</u>
	DUE TO (c) <u>Obesity (extreme)</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cardiac hypertrophy</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---	--	---

20a. ACCIDENT <input 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.)
---	--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
--	---	--	---

21. I attended the deceased from <u>7-23-58</u> to <u>7-27-58</u> and last saw her/him alive on <u>7-27-58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <u>Ro. M. Stevenson, D.O</u>	22b. ADDRESS <u>Hirsch Bldg Cape Girardeau, Mo</u>	22c. DATE SIGNED <u>8-14-58</u>
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-29-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>Hayti, Missouri</u>
--	-----------------------------	--	--

24. FUNERAL DIRECTOR ADDRESS <u>Travis Shelby, East Prairie, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Aug 19, 1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. Helen Cooper</u>
---	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

300  
1-57  
0

58  
0

8961 SEP 9 1958 AUG 25 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
X by me, or by ....., Student-Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Travis Shelby*

Licensed Embalmer No. *4940*

P. O. Address *East Prairie*

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.