

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035192

STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 31

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CHAFFEE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>CHAFFEE</b> <sup>114</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>114 GRAY AVE.</b>		Length of stay in 1b <b>30 YRS.</b>	d. STREET ADDRESS (If outside, give location) <b>114 GRAY AVE.</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <b>JOE (NMN) PORTER</b>			4. DATE OF DEATH Month Day Year <b>SEPT. 28, 1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>NOV. 13, 1887</b>		9. AGE (In years last birthday) <b>70</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STATIONARY FIREMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FRISCO RLY. CO.</b>	11. BIRTHPLACE (City and state or country) <b>HARDIN COUNTY, ILL.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>ARTHUR PORTER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY GRICE</b>		14. NAME OF HUSBAND OR WIFE <b>CARRIE IONA SANDERS PORTER</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>702-07-3164</b>		17. INFORMANT Address <b>MRS. GARRIE I. PORTER - CHAFFEE, MO.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized Atherosclerosis</b>			
DUE TO (c) <b>4201</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Congestive Heart Failure</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" 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 checked="" 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 <b>1 July 58</b> to <b>28 Sept 58</b> and last saw him alive on <b>28 Sept 58</b> Death occurred at <b>7:15 P m</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Robert E. Hubble MD</b> (Degree or title)			22b. ADDRESS <b>Chaffee, Mo</b>		22c. DATE SIGNED <b>6 Oct 58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>Oct. 1, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>UNION PARK CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>CHAFFEE, Missouri</b>	
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24. FUNERAL DIRECTOR <b>BIRPHINGHOFF FUNERAL HOME - CHAFFEE, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct. 8 - 1958</b>		26. REGISTRAR'S SIGNATURE <b>Mrs Paul Bishop King</b>	
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

No symptoms with 05 listed.

1958 OCT 22 100

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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 *Jack T. Burnett* .....  
Licensed Embalmer No. *4473* .....  
P. O. Address *Chaffee, 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.