

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046877

STATE FILE NUMBER

FILED JAN 5 1958

Registration District No. 323

Primary Registration District No. 4477

Registrar's No. 92

300
1-57

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) Glenwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Macon
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Glenwood		Length of stay in lb 1 Hour	d. STREET ADDRESS (If outside, give location) 219 Coates St. Rd.
3. NAME OF DECEASED (Type or print) Harry Latimer Porter		First Middle Last	4. DATE OF DEATH Month Day Year Dec. 14 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 8, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agt. Milwaukee R. R.		10b. KIND OF BUSINESS OR INDUSTRY R. R.	11. CITY & STATE (Country if foreign) ? Canada
13a. FATHER'S NAME John Porter		13b. MOTHER'S MAIDEN NAME Mary Porter	14. NAME OF HUSBAND OR WIFE Lelia M. Porter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address Mrs. Lela M. Porter Macon, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Coronary Occlusion DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Myocardial Infarction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2 Cerebral accidents 3 + 5 yrs. ago. 260X			INTERVAL BETWEEN ONSET AND DEATH 11 mos. 10 yrs. 15 yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK 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 _____ and last saw her alive on _____ Death occurred at 11:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Edward M. Roberts, D.O.		22. ADDRESS Queen City, Mo.	
22. DATE SIGNED 12/15/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 18, 58	23c. NAME OF CEMETERY OR CREMATORY City Cemetary	23d. LOCATION (City, town, or county) (State) Aberdeen, S. D.
24. FUNERAL DIRECTOR Lester Hutton Macon, Missouri		25. DATE RECD. BY LOCAL REG. 12.15.58	26. REGISTRAR'S SIGNATURE Mrs. Lela M. Porter

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

JAN 13 1959

JAN 23 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 *Charles L. Hutton*

Licensed Embalmer No. *4527*
P. O. Address *Macon, Ga.*

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.