

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047040

STATE FILE NUMBER

FILED DEC 18 1958 Registration District No. 366 Primary Registration District No. 6244 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Township		c. CITY OR TOWN Union Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi. E. Old Mines		d. STREET ADDRESS 2 mi. E. of Old Mines	

3. NAME OF DECEASED (Type or print) First John Middle Baptist Last Portell			4. DATE OF DEATH Month Dec. Day 12 Year 1958			
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 4, 1877	9. AGE (In years) 81	10. UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	11. UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and state or country) Washington County	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Portell	13b. MOTHER'S MAIDEN NAME Mary Boyer	14. NAME OF HUSBAND OR WIFE Catherine
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Melvinea Portell, R#1, Cadet, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown; believed to be due to natural causes; body found in home.		INTERVAL BETWEEN ONSET AND DEATH
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) 7954	

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 Potosi, Mo.	COUNTY _____ STATE _____
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21. I attended the deceased from _____, to _____ and last saw ^{her} _{him} alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Arbuthnot Rudale</i> (Degree or title) Local Registrar	22b. ADDRESS 912 Richeson Rd. Potosi, Mo.	22c. DATE SIGNED 12/16/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 16-1958	23c. NAME OF CEMETERY OR CREMATORY St Josephs	23d. LOCATION (City, town, or county) (State) Old Mines Mo
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24. FUNERAL DIRECTOR <i>Curtis M. Smith</i> ADDRESS Potosi Mo	25. DATE RECD. BY LOCAL REG. 12/16/58	26. REGISTRAR'S SIGNATURE <i>Arbuthnot Rudale</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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RECEIVED

DEC 16

WASH. COUNTY HEALTH DEPT.

File No. _____

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 *C. H. Bayne* _____

Licensed Embalmer No. 4158 _____

P. O. Address Totosi, M. _____

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.