Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-018197
STATE FILE NUMBER

FILED MAY 27 1959 Registration District No. 166 Primary Registration District No. 3029 Registrar's No. 79

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Crystal City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 114 Church St. — Length of stay in 1b 3 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jefferson
c. CITY OR TOWN Crystal City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 21 Jefferson Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Ella — Middle Catherine — Last Portell

4. DATE OF DEATH Month May Day 17 Year 1959

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH Mar. 14, 1889

9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and state or country) Festus, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Harter

13b. MOTHER'S MAIDEN NAME Elizabeth Lorei

14. NAME OF HUSBAND OR WIFE Lester J. Portell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Norma Commerford, 114 Church, Crystal City

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.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Cervix with — 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Abdominal & Spinal Metastases — 3 months
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1530

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

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 May 1958 to May 17 1959 and last saw her/him alive on May 16 1959
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE N. Commerford (Degree or title) MD — **22b. ADDRESS** Crystal City Mo — **22c. DATE SIGNED** May 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **23b. DATE** May 19, 1959 — **23c. NAME OF CEMETERY OR CREMATORY** Catholic — **23d. LOCATION** (City, town, or county) (State) Festus-Crystal City, Mo.

24. FUNERAL DIRECTOR Vinyard Fun'l Homes, Inc., Festus, Mo. — **ADDRESS**

25. DATE RECD. BY LOCAL REG. 5-20-59 — **26. REGISTRAR'S SIGNATURE** [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED MAY 26 1959

JAN 20 1960

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 Donald H. Vinyard

Licensed Embalmer No. 4608

P. O. Address Fryeburg, Me

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.