

SOURCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED **FILED JUN 8 1961** Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **496561-019267** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Washington	
b. CITY (if outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in lb OR TOWN	c. CITY OR TOWN Cadet
c. FULL NAME OF (if NOT in hospital, give location) St. Luke's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Rt. 1

3. NAME OF DECEASED (Type or print) First Floyd Middle Alfred Last Portell			4. DATE OF DEATH Month May Day 23 Year 61			
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 3/12/15	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Lead Co.	11. BIRTHPLACE (City and state or country) Cadet, Mo.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Alfred Portell		13b. MOTHER'S MAIDEN NAME Marcella Torrence		14. NAME OF HUSBAND OR WIFE Myrtle Portell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Address Mrs. Myrtle Portell Cadet, Mo			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Fracture of right forehead; fracture of Parietal bones (both sides) suffered when rim of tire blew, striking deceased while working at National Seeds Company, Cadet, Missouri, about 9:00 a.m., May 23, 1961	
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) See above
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20c. TIME OF INJURY Hour a.m. p.m. 1:20 P	Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) 65 Factory	20f. CITY, TOWN, OR LOCATION Cadet, Missouri	COUNTY	STATE

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 Paul J. Smith	(Degree or Title) Deputy Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 5/26/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/26/61	23c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery	23d. LOCATION (City, town, or county) Potosi Mo.
24. FUNERAL DIRECTOR Smith Funeral Home		ADDRESS Potosi, Mo.	25. DATE RECD. BY LOCAL REG. MAY 26 1961
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JUL 17 1961

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 William H. Green, Student Embalmer No. 616
working under my personal supervision.

Student William H. Green
Signature of Student Embalmer

Signed Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.