

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4106 -61-029570
4106 STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 002 Registrar's No.

AUG 31 1961

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Meramec City</i>		Length of stay in 1b <i>25 yrs</i>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>H.C. Convalescent Home</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>3200 Norledge</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>SAMUEL A. PORTER</i>			4. DATE OF DEATH Month Day Year <i>8-15-1961</i>
5. SEX <i>male</i>	6. COLOR OF RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-28-1874</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>pipe fitter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	9. AGE (last birthday) <i>86</i>
11. BIRTHPLACE (City and state or country) <i>So. Carolina</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>unk</i>		13b. MOTHER'S MAIDEN NAME <i>unk</i>	14. NAME OF HUSBAND OR WIFE <i>Thannie</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>5 053 781A</i>	17. INFORMANT Address <i>G. Schmidt 3200 Norledge</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>2 days</i> 8 years			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>8 years</i>
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 type="checkbox"/> NO <input type="checkbox"/>	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 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY STATE
21. I attended the deceased from <i>1-1-61</i> to <i>8-15-61</i> and last saw her/him alive on <i>8-15-61</i> Death occurred at <i>4:00 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (degree or title) <i>Frank Paul Lawrence MD</i>		22b. ADDRESS <i>428 So White Ave</i>	22c. DATE SIGNED <i>8-15-61</i>
23a. BURIAL, CREMATION, OR DISPOSITION (Specify) <i>burial</i>	23b. DATE <i>8-17-1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Independence, MO.</i>
24. FUNERAL DIRECTOR <i>Christina Rose</i>		ADDRESS <i>KC, MO</i>	25. DATE RECD. BY LOCAL REG. <i>8-18-61</i>
		26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF
 Frank Paul Lawrence MD

Dr. Lanzetta 4 PM 3200 Noridge

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 R. C. Rosantino

Licensed Embalmer No. 4554

P. O. Address Ke 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.