MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-027616
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 115

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED AUG 8 1962

1. PLACE OF DEATH
a. COUNTY Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Festus
Length of stay in 1b
c. CITY OR TOWN Festus
Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 924 North Fifth St.
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 924 North Fifth St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Ernest Middle: Miles Last: Porter
4. DATE OF DEATH Month: Aug. Day: 2 Year: 1962

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Aug. 3, 1907
9. AGE (last birthday) 54
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Festus, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William J. Porter
13b. MOTHER'S MAIDEN NAME Anna Cunningham
14. NAME OF HUSBAND OR WIFE Laura Hulsey

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.
17. INFORMANT Address Mrs. Anna Porter, 924 N. 5th., Festus, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer of throat
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 April 12, 62 to July 11, 62 and last saw her/him alive on July 11, 62
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bohdan Bokyar (Degree or title) M.D.
22b. ADDRESS Festus Mo
22c. DATE SIGNED 8/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 6, 1962
23c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial
23d. LOCATION (City, town, or county) (State) Crystal City, Missouri

24. FUNERAL DIRECTOR ADDRESS Vinyard Funeral Home, Inc., Festus, Mo.
25. DATE RECD. BY LOCAL REG. 8-3-62
26. REGISTRAR'S SIGNATURE Irene G. Taylor

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0506		
2	0506		
3			
4	0		
5	1		
6			
7	0		
8	0		
9	148 X		
10			
11			
12	70-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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_____ Signed H. Bryand

Signature of Student Embalmer

Licensed Embalmer No. 3010

P. O. Address Festus 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.