

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-010961  
STATE FILE NUMBER

Registration District No. 17 Primary Registration District No. 53038 Registrar's No. 160

DO NOT WRITE ON THIS STUB

AMENDED

3 300  
Rev. 4/59

1 0260  
2 0269  
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4 0  
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9 4200  
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13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cole</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>                             |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson Township</b>   |   | Length of stay in 1b  | c. CITY OR TOWN <b>Jefferson City</b>                                       |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>County Club</b>  |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) <b>410 Madison Street</b>     |
| 3. NAME OF DECEASED (Type or print)<br><b>GEORGE MEADOR PORTH</b>   |   | First Middle Last   | 4. DATE OF DEATH<br><b>April 11, 1963</b>                                   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>         | 8. DATE OF BIRTH<br><b>9-26-1882</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Jeweler</b>                                 |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday)<br><b>80</b>   |
| 11a. FATHER'S NAME<br><b>George Porth</b>   |   | 11b. MOTHER'S MAIDEN NAME<br><b>Helen Meador</b>  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                 |   | 14. SOCIAL SECURITY NO.   | 17. INFORMANT<br><b>George C. Porth, 410 Madison, J. C., Mo.</b>            |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Probable Acute Myocardial Infarction</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>IMMEDIATE</b>  |   |
| DUE TO (b) <b>Arteriosclerotic Heart Disease</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<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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 <b>1/1/63</b> to <b>1/11/63</b> and last saw <sup>him</sup> <del>her</del> alive on <b>1/10/63</b>                   |   | Death occurred at <b>4/11/63 8:10 p</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |
| 22a. SIGNATURE (Degree or title)<br><b>J. S. Sanders MD</b>   |   | 22b. ADDRESS<br><b>515 E. HIGH ST</b>   | 22c. DATE SIGNED<br><b>4/12/63</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>April 13, 1963</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Riverview Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Jefferson City, Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>Buescher Memorial, Jefferson City, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>12 April 1963</b>  | 26. REGISTRAR'S SIGNATURE<br><b>R. D. Harris, MD - R. Richter</b>           |

USE BLACK INK OR TYPEWRITER RIBBON

MAY 9 1963

**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

*Therman M. Weston*

Licensed Embalmer No.

*4125*

P. O. Address

*Leam, 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.