

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023135

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 15 Primary Registration District No. 5072 Registrar's No. 55

STATE FILE NUMBER

**FILED JUL 15 1963**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Barton</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Barton</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Newport Twp.</u>		c. CITY OR TOWN <u>Lamar</u>	
Length of stay in 1b <u>7 months</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If outside, give location) <u>Route 4</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>MARY</u>	Middle <u>ELIZABETH</u>	Last <u>PORTER</u>	Month <u>July</u>	Day <u>5</u>	Year <u>1963</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-23-1882</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Newport, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Andrew Offield</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Brown Offield</u>		14. NAME OF HUSBAND OR WIFE <u>David Porter</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Mrs. J. B. Higgins, Lamar, Mo.</u>	
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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) <u>Terminal Pneumonia</u>		<u>3-4 days</u>
DUE TO (b) <u>Heart Block</u>		<u>about 1 yr</u>
DUE TO (c) <u>Arteriosclerosis</u>		<u>years</u>
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.
<u>Senility -</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>Sept. 62</u> to <u>7-5, 63</u> and last saw <sup>her</sup> alive on <u>7-4-63</u> Death occurred at <u>6:00 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Deputy or title) <u>Herbert M. Arnold M.D.</u>	22b. ADDRESS <u>Lamar, Mo.</u>	22c. DATE SIGNED <u>7-6-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-7-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newport Cemetery</u>
24. FUNERAL DIRECTOR ADDRESS <u>Chiles funeral Home, Lamar, Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Newport, Missouri</u>

25. DATE RECD. BY LOCAL REG. <u>7-7-1963</u>	26. REGISTRAR'S SIGNATURE <u>Marie Konantz</u>
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(Licensed Embalmer's Statement on Reverse Side)

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles W. Chiles

Licensed Embalmer No. 3473

P. O. Address Lamar 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.

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