

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036380

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4853 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 18 1963

<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Jackson</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in 1b <u>48 yrs.</u></p> <p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen Hosp and Med Center</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u></p> <p>c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location), <u>3040 Forest</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p>3. NAME OF DECEASED (Type or print) First <u>Norman</u> Middle <u>Porter</u> Last <u>Porter</u></p>		<p>4. DATE OF DEATH Month <u>9</u> Day <u>-</u> Year <u>2--63</u></p>			
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>11-4-11</u></p>	<p>9. AGE (last birthday): <u>51</u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Genrl. Maintenance</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Syracuse, Mo.</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u></p>
<p>13a. FATHER'S NAME <u>George Porter</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Mammie Self</u></p>		<p>14. NAME OF HUSBAND OR WIFE _____</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____</p>		<p>16. SOCIAL SECURITY NO. _____</p>		<p>17. INFORMANT <u>Helen Porter - 4680 East 37th Terr. K. C.</u> Address _____</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Laennec's cirrhosis with hepatic failure</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p>				<p>INTERVAL BETWEEN ONSET AND DEATH _____</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg.; etc.) _____</p>	
<p>20f. CITY, TOWN, OR LOCATION _____</p>		<p>COUNTY _____</p>		<p>STATE _____</p>	
<p>21. I attended the deceased from <u>9-1-63</u> to <u>9-2-63</u> and last saw her/him alive on <u>9-2-63</u></p> <p>Death occurred at <u>8:15</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE _____ (Degree or title) _____</p>				<p>22b. ADDRESS <u>2400 Cherry</u></p>	
<p>22c. DATE SIGNED <u>9-3-63</u> (State) _____</p>					
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>9-4-63</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u></p>	
<p>23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u></p>					
<p>24. FUNERAL DIRECTOR <u>Mellody-McGilley-Eylar Funeral Home</u> ADDRESS <u>Linwood & Woodland</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>9-3-63</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Jessie Smith</u></p>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

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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 James E. Hackleman

Licensed Embalmer No. 4543

P. O. Address KC. 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.