No. 300
10-48

FILED JUL 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24584

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Arcadia
c. LENGTH OF STAY (in this place): 1yr. 11mo. 27dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Home for Aged Baptists

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Arcadia 0470
d. STREET ADDRESS (If rural, give location): 1½ mi. east on Highway 70

3. NAME OF DECEASED (Type or Print): a. (First) Mrs. Anna b. (Middle) Elizabeth c. (Last) Porter

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 9, 1872

9. AGE (In years last birthday): 80 — If under 1 year: Months 11, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Farmington, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Samuel Lamphin Wiggins

13b. MOTHER'S MAIDEN NAME: Sarah Mildred Lestivich

14. NAME OF HUSBAND OR WIFE: William Porter

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.: None

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: John H. Burney Ironton, Missouri

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Colitis with acute enteritis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(b) DUE TO (b)
(c) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS* 5723

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from July 7, 1953, to July 12, 1953, that I last saw the deceased alive on July 7 1953, and that death occurred at 10:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): C. M. Fishbaugh MD

23b. ADDRESS: Lesterville, Mo

23c. DATE SIGNED: 7/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-14-53

24c. NAME OF CEMETERY OR CREMATORY: Baptist Home Cemetery

24d. LOCATION (City, town, or county) (State): Ironton Mo

DATE REC'D BY LOCAL REG.: 7-16-53

REGISTRAR'S SIGNATURE: Mrs. Ovie Jones 128

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: White Funeral Home Ironton Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 31 1958

MAR 6 1957

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.

Signed: Russell O'Neal

Licensed Embalmer No. 2012

P. O. Address Grayton Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.