

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**38160**

State File No. ....

**FILED DEC 5 1951**

BIRTH NO. 72077-51 REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 2046 Registrar's No. 70

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Moniteau Co</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen Dol California, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Dol California, Mo</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Shirley</u>	b. (Middle) <u>June</u>	c. (Last) <u>Portwood</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov 19 1951</u>
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<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>never married</u>	<b>8. DATE OF BIRTH</b> <u>Nov 1951</u>	<b>9. AGE</b> (In years last birthday) <u>3</u>	<b>IF UNDER 1 YEAR</b> Months <u>3</u>	<b>IF UNDER 6 MRS.</b> Days <u>3</u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>John D. Portwood</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Kathrine V. McKissic</u>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>John D. Portwood, California, Mo</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.</i>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> <u>Immaturity</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Influence of mother</u>  DUE TO (c) <u>Premature Birth</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. CITY, TOWN, OR TOWNSHIP</b> (COUNTY) (STATE) <u>California Moniteau Mo</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** Nov 19 1951, to Nov 19 1951, that I last saw the deceased alive on Nov 19 1951, and that death occurred at 3:27 m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>L. A. Bevin</u>	(Deputy or title) <u>L.O.</u>	<b>23b. ADDRESS</b> <u>California</u>	<b>23c. DATE SIGNED</b> <u>11/21/51</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>11/20/51</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>City Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>California, Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>11-19-51</u>	<b>REGISTRAR'S SIGNATURE</b> <u>H. R. Pophoy</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Earl Bowlin</u>	<b>ADDRESS</b> <u>California</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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RECEIVED

DEC 4 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

DEC 4 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

*Handwritten signature: [Illegible]*