

STANDARD CERTIFICATE OF DEATH

5793

State File No. 22958

BIRTH NO. REG. DIST. NO. 224221 PRIMARY REG. DIST. NO. 3046 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Moniteau Co b. CITY Rural c. LENGTH OF STAY 8 Yrs d. FULL NAME OF HOSPITAL OR INSTITUTION Rt \$ 1. Jamestown, Mo

2. USUAL RESIDENCE (Where deceased lived.) a. STATE Missouri b. COUNTY Moniteau c. CITY OR TOWN Jamestown, Mo d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes No

3. NAME OF DECEASED a. (First) Linda b. (Middle) Marylin c. (Last) Porter 4. DATE OF DEATH (Month) (Day) (Year) July 22 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Single 8. DATE OF BIRTH Mar 12 1945 9. AGE (In years last birthday) 10 4 10

10a. USUAL OCCUPATION School Girl 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Raymond Porter 13b. MOTHER'S MAIDEN NAME Wanda N. Bolin, Porter 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. No 17. INFORMANT'S SIGNATURE OR NAME Raymond Porter ADDRESS Jamestown, Mo

18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Fracture of skull ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8510 29

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO X

21a. ACCIDENT SUICIDE HOMICIDE Accident 21b. PLACE OF INJURY Private farm road 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4 mi. West Jamestown Moniteau Mo.

21d. TIME OF INJURY July 22, 1955 5:30 PM 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK X 21f. HOW DID INJURY OCCUR? run over by truck on private road.

22. I hereby certify that I attended the deceased from dead until first seen, 19, that I last saw the deceased alive on, 19, and that death occurred at 5/30 PM, from the causes and on the date stated above.

23a. SIGNATURE Kenyon Latham M.D. coroner 23b. ADDRESS California, Mo. 23c. DATE SIGNED 7-23-55

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE 7/24/55 24c. NAME OF CEMETERY OR CREMATORY Flag Spring Cemetery 24d. LOCATION Rural - California, Mo

DATE REC'D BY LOCAL REG. 7/23/55 REGISTRARS SIGNATURE Clyde A. Bridges 25. FUNERAL DIRECTOR'S SIGNATURE ESSIE BOULIN ADDRESS California, Mo

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

---

---

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.....

*Jack D. Bowlin*  
Licensed Embalmer No. *193*

P. O. Address *California*

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.