RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-032820

FILED VS OCT 13 1959

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 143

STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN Twsp.
Length of stay in 1b 4 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12TH & DUQUESNE
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 124½ N. WALL ST.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MARTIN Middle EVERDELL (DELL) Last PORTER

4. DATE OF DEATH Month SEPTEMBER Day 29, Year 1959

5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-24-1896
9. AGE (last birthday) 62
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CITY DIRECTORY REP.
10b. KIND OF BUSINESS OR INDUSTRY R.L. POLK & CO.
11. BIRTHPLACE (City and state or country) GARNETT, KS.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME DAVID PORTER
13b. MOTHER'S MAIDEN NAME EFFIE PLUMMER
14. NAME OF HUSBAND OR WIFE ORIANNA 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.
17. INFORMANT Address MRS. ORIANNA PORTER, 124½ N. WALL

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) GUNSHOT WOUND CHEST FATAL INSTANTANEOUS
INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) TRIPPED OVER BARB WIRE ROLL DISCHARGED LOADED 20 GAUGE SHOTGUN HE WAS CARRYING
20c. TIME OF INJURY Hour 2:30 a.m. p.m. Month, Day, Year 9-30-59
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Joplin Twsp-12th and DESQUESNE
20f. CITY, TOWN, OR LOCATION COUNTY JASPER STATE Mo

21. I attended the deceased from DID, to NOT ATTEND and last saw her/him alive on
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wilderness M.D. Coroner Jasper County
22b. ADDRESS Med Arts Bldg Joplin Mo.
22c. DATE SIGNED 10-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 10-2-59
23c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEMETERY,
23d. LOCATION (City, town, or county) (State) PITTSBURG, KANSAS

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG. 10-5-59
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 3 1959

JAN 28 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by (

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed F. M. Jones
Signature of Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.