RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032527

FILED VS SEP 23 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4365 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 12 yrs.

c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☑ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1009 PARK — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 1029-E-12 ST — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: ARTRINITY Middle: PORTER Last:

4. DATE OF DEATH Month 9 Day 5 Year 1959

5. SEX MALE

6. COLOR OR RACE COL.

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4-10-22

9. AGE (last birthday) 37

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) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Foundry

11. BIRTHPLACE (City and state or country) La.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Mason Porter

13b. MOTHER'S MAIDEN NAME Annie Jordan

14. NAME OF HUSBAND OR WIFE Doris Mae Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) W.W-II

16. SOCIAL SECURITY NO. 438-22-5286

17. INFORMANT Doris Mae Porter, Address 1009 Park

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Internal Thoracic Hemorrhage — 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) Penetrating Gunshot Wound of Rt. Heart

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.)

20c. TIME OF INJURY Hour 7:00 a.m. p.m. Month, Day, Year Sept. 5, 1959

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.) 1009 Park

20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo

21. I attended the deceased from _____, to _____ and last saw he alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. M. Tillman M.D. Deputy Coroner

22b. ADDRESS 1618 Lydia Ave

22c. DATE SIGNED 9/7/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 9-12-59

23c. NAME OF CEMETERY OR CREMATORY —

23d. LOCATION (City, town, or county) (State) Devankana, Ark.

24. FUNERAL DIRECTOR BROWN-HUDSON, K.C., Mo. ADDRESS

25. DATE RECD. BY LOCAL REG. 9-8-59

26. REGISTRAR'S SIGNATURE Neva Mitchell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF L. M. Tillman

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_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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