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7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26874

FILED SEP 10 1946

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 686

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: O'Reilly General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)

In this community 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Christian

(c) City or town: Nixa
(If outside city or town limits, write "RURAL")

(d) Street No.: — —
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: PAUL EUGENE STIFFLER

3. (b) If veteran, name war: WORLD WAR II

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mrs. Delilah Jones Stiffler

6. (c) Age of husband or wife if alive: UNK years

7. Birth date of deceased: October (Month) 29 (Day) 1910 (Year)

8. AGE: Years 35 Months 9 Days 20 If less than one day hr. min.

9. Birthplace: Republic (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Proprietor

11. Industry or business: Stiffler's Service Station

FATHER
12. Name: O. V. Stiffler
13. Birthplace: Nixa (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Retta Tennis
15. Birthplace: Greene County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Delilah Stiffler

(b) Address: Nixa, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Aug. 18, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Clever, Missouri

18. (a) Signature of funeral director: T. W. Maples

(b) Address: Clever, Mo.

19. (a) 8-19-46 (Date received local registrar) (b) E. W. Hundley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1946 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from 7 August, 1946, to 18 August, 1946, that I last saw him alive on 17 August, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ventricular tachycardia	6 days
Due to: Coronary occlusion and myocardial infarction	16 days
Due to: Arteriosclerosis, generalized	?
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: Confirmation of above diagnoses.	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Walter O. Kamp Capt MC (M. D. or other)

Address: O'Reilly Gen. Hosp., Springfield, Mo. Date signed 19 Aug. '46

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 20 1946

NOV 9 1946

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, Mo.

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.