

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29019**

FILED SEP 9 - 1953

|  |                               |  |  |  |   |   |   |
|--|-------------------------------|--|--|--|---|---|---|
| BIRTH NO. _____  |                               | REG. DIST. NO. <u>156</u>  |  | PRIMARY REG. DIST. NO. <u>2001</u>   |   | Registrar's No. <u>401</u>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JASPER</u>   |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u> |   |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>   |                               | c. LENGTH OF STAY (In this place) <u>7 WEEKS</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>   |   | 0495  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>  |                               |  |  | d. STREET ADDRESS (If rural, give location) <u>2201 GRAND</u>  |   |   |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>RALPH</u> b. (Middle) <u>O.</u> c. (Last) <u>DEULEN</u>   |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 29, 1953</u> |  |   |   |   |
| 5. SEX <u>MALE</u>   | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>  | 8. DATE OF BIRTH <u>DEC. 1, 1882</u>                       |  | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months _____ Days _____                               | IF UNDER 10 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>RANCHER</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>NEBRASKA</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                               |   |
| 13a. FATHER'S NAME <u>UNKNOWN</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>LYDA DEULEN, 2201 GRAND</u>   |   |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>  |                               | 16. SOCIAL SECURITY NO. _____  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>LYDA DEULEN, 2201 GRAND, JOPLIN</u> ADDRESS _____   |   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.        |                               | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Med. Certification Carcinoma Gall</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH        |
| 19a. DATE OF OPERATION _____   |                               | 19b. MAJOR FINDINGS OF OPERATION _____   |  |  |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| 21a. ACCIDENT (Specify) _____ SUICIDE _____ HOMICIDE _____   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |  | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____  |   | 191X  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? _____   |   |   |   |
| 22. I hereby certify that I attended the deceased from <u>5-2-53</u> to <u>8-29-53</u> , that I last saw the deceased alive on <u>8-29-53</u> , and that death occurred at <u>5 PM</u> from the causes and on the date stated above. |                               |  |  |  |   |   |   |
| 23a. SIGNATURE <u>[Signature]</u> (Type or Print) _____ (Degree or title) _____  |                               |  |  | 23b. ADDRESS <u>Joplin Mo.</u>   |   | 23c. DATE SIGNED <u>8-31-53</u>                                       |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  |                               | 24b. DATE <u>9-2-53</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEMORIAL PARK</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MO.</u>      |   |
| DATE REC'D BY LOCAL REG. <u>9-2-53</u>   |                               | REGISTRAR'S SIGNATURE <u>[Signature]</u> _____   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>STEVE PARKER MORTUARY, JOPLIN, MO</u> ADDRESS _____  |   |   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED **SEP 8 1953**

Jasper County Health Office

County File Number 53-9-732

Date Filed **SEP 8 1953**

**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 Steve Parks

Signed.....  
Student Embalmer

Licensed Embalmer No. 2548

P. O. Address Jasper 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.