

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006082  
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 70

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>JOPLIN</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR GRAND REST HOME- INSTITUTION <b>23RD &amp; GRAND AVE.</b>		Length of stay in 1b <b>ALWAYS</b>	d. STREET ADDRESS <b>2315 UTICA AVE.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>HENRY JAMES DUFFELMEYER</b>			4. DATE OF DEATH Month Day Year <b>FEB. 9TH, 1958</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>AUG. 17, 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BANK EMPLOYEE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CITIZENS BANK OF JOPLIN</b>	11. BIRTHPLACE (City and state or country) <b>JOPLIN, MO.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>FRED DUFFELMEYER</b>	
13b. MOTHER'S MAIDEN NAME <b>ELIZABETH KLEIN</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>493-38-6220</b>	17. INFORMANT Address <b>FRED W. DUFFELMEYER, 2315 UTICA AVE</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u>			<u>Unknown.</u>
DUE TO (c) <u>331X</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pt. was completely paralit &amp; aphasic from previous stroke</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>9-1-58</u> to <u>2-8-58</u> and last saw her alive on <u>2-8-58</u> Death occurred at <u>445 AM</u> <u>2-9-58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. L. Duffelmeier, M.D.</u> (Degree or title)		22b. ADDRESS <u>601 F-R-L Bld. Joplin, Mo.</u>	22c. DATE SIGNED <u>2-11-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>2-11-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW CEMETERY,</b>	23d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>2-13-1958</b>	26. REGISTRAR'S SIGNATURE <u>Dovie Merriam</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

County File Number  
Date Filed EB 17 1958 58-2-164

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 *F. M. Jones* .....

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 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.