URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-027338
STATE FILE NUMBER

FILED VS JUL 18 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 339

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin — Length of stay in 1b: 40 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Freeman Hospital — 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): 2130 Harlem Avenue — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: LEWIS Middle: JOSEPH Last: BLINZLER
4. DATE OF DEATH: Month June Day 30 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-28-1901
9. AGE (last birthday): 59
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): Steelworker
10b. KIND OF BUSINESS OR INDUSTRY: Ozark Eng. Co.
11. BIRTHPLACE (City and state or country): Wentworth, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Blinzler
13b. MOTHER'S MAIDEN NAME: Lizzie Bishop
14. NAME OF HUSBAND OR WIFE: Mary Blinzler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 491-01-0693
17. INFORMANT: Mrs. Mary Blinzler, Address: 2130 Harlem Avenue, Joplin, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion with infarction — INTERVAL BETWEEN ONSET AND DEATH: 25 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic myocarditis — Unknown
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 6, 1960, to June 30, 1960 and last saw ~~XXXX~~ him alive on June 30
Death occurred at 10:50 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. R. Kuhn, Jr., M. D.
22b. ADDRESS: 321 Frisco Building – Joplin, Mo.
22c. DATE SIGNED: 7/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-2-60
23c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Park Dem.
23d. LOCATION (City, town, or county) (State): Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS: Thornhill-Dillon Mortuary, Joplin, Mo.
25. DATE RECD. BY LOCAL REG.: 7-11-1960
26. REGISTRAR'S SIGNATURE: Doris Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 18 1960

VS JUL 18 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 David Dillon

Signature of Student Embalmer

Licensed Embalmer No. 3898

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.