MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-002328
STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 78

FILED FEB 13 1962

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOHNS 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) 115 East 6th St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROGER Middle LYMAN Last SCIFRES
4. DATE OF DEATH Month JANUARY Day 31 Year 1962
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 2/12/1890
9. AGE (last birthday) 71
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) CHEF
10b. KIND OF BUSINESS OR INDUSTRY CAFE BUSINESS
11. BIRTHPLACE (City and state or country) LITTLE YORK, IND.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME GEORGE SCIFRES
13b. MOTHER'S MAIDEN NAME JENNY THOMAS
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) MEXICAN WAR 1914
16. SOCIAL SECURITY NO.
17. INFORMANT MRS WILMA SCHENK Address 1726 BIRD, JOPLIN

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 — INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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 Jan 30-62 to Jan 31-62 and last saw him alive on Jan 31-62
Death occurred at 1 Dam m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. L. Crawford (Degree or title) MD
22b. ADDRESS Joplin Mo
22c. DATE SIGNED 2/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 2-2-62
23c. NAME OF CEMETERY OR CREMATORY Osborne Memorial Cemetery
23d. LOCATION (City, town, or county) (State) Joplin, Mo

24. FUNERAL DIRECTOR ADDRESS HURLBUT-GLOVER MORTUARY, JOPLIN, MISSOURI
25. DATE RECD. BY LOCAL REG. 2-6-1962
26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FEB 22 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Lyman R. Cunningham

Licensed Embalmer No. 4969

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.