

**FILED MAY 16 1945**

Registration District No. **68**

Primary Registration District No. **52664199**

Registrar's No. **7**

**1. PLACE OF DEATH:**  
 (a) County **Christian**  
 (b) City or town **Ozark**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 yr.**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo** (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** **A** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **William Albert Stiffler**  
 3. (b) If veteran, name war **Spanish American** No. \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **April** day **30**  
 year **1945** hour **9** minute **A.M.**  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

7. Birth date of deceased **Feb. 17th. 1878**  
(Month) (Day) (Year)

**chronic endocarditis**

8. AGE: Years **67** Months **2** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace **Mo**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation **laborer**

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **Abner Stiffler**

13. Birthplace **unknown** **Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lissia Nokes**

15. Birthplace **Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jim Nokes**

(b) Address **Nixa, Mo.**

17. (a) **burial** (b) Date thereof **May 2, 45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National cem. Springfield**

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

(b) Address **Clever, Mo.**

19. (a) **May 3, 1945** (b) **Maples**  
(Date received local registrar) (Registrar's signature)

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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **T.W. Maples** **3** **Coroner**  
 Address **Clever, Mo.** Date signed **4-30, 45**

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

JUN 16 1945

MOTHER FATHER

1361

RECEIVED

District Health Officer No. 6,

District File Number 542-871

Date Filed MAY 10 1945

JUN 16 1945

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.