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

Dr. Park

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1948

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12139

Primary Registration District No. 2000

Registrar's No. 343

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 622 So. Kimbrough
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): One Month
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Oklahoma (b) County: PAWNEE
(c) City or town: Cleveland
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: A. Link DePuy
3. (b) If veteran, name war: No.
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dyanthia DePuy
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: Sept. (Month) 28, (Day) 1865 (Year)
8. AGE: Years 79 Months 6 Days 26 If less than one day hr. min.
9. Birthplace: Bellview (City, town, or county) Mich. (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business: Farming
FATHER 12. Name: Abraham DePuy
FATHER 13. Birthplace: Bellview (City, town, or county) Mich. (State or foreign country)
MOTHER 14. Maiden name: Emma Darrow
MOTHER 15. Birthplace: Bellview (City, town, or county) Mich. (State or foreign country)
16. (a) Informant: Mrs. Dyanthia DePuy
(b) Address: Clevland, Okla
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Altoona, Kansas
18. (a) Signature of funeral director: Herman H. Lohmeyer
(b) Address: Springfield, Missouri
19. (a) 4/24/48 (Date received local registrar) (b) M. S. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1948 hour 6 minute 40 P.M.
21. I hereby certify that I attended the deceased from APRIL 3, 1948, to APRIL 23, 1948; that I last saw him alive on APRIL 23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CORONARY THROMBOSIS, POSTERIOR PATTERN	2 WKS
Due to ARTERIOSCLEROTIC HEART DISEASE	
Due to	
Other conditions (Include pregnancy within 3 months of death): CEREBRAL THROMBOSIS	4 DAYS.

Major findings:
Of operations: NONE
Of autopsy: NONE

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): NONE
(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? (Specify type of place)
While at work? — (e) Means of injury: —
23. Signature: William S. Park (M. D. or other)
Address: 209 PROFESSIONAL BLDG. SPRINGFIELD, MO. Date signed: 4-24-48

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.