

No. 300
v. 10.48

FILED JAN 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43836**

BIRTH NO. _____ REG. DIST. NO. **756** PRIMARY REG. DIST. NO. **2001** Registrar's No. **570**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER d. CITY DUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
d. FULL NAME OF HOSPITAL OR INSTITUTION Free Men Hosp.		d. STREET ADDRESS (If rural, give location) 4301 Va.	
3. NAME OF DECEASED a. (First) JESS b. (Middle) M c. (Last) DUFF		4. DATE OF DEATH (Month) (Day) (Year) 12-12-49	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 13-1887
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY MINER	
11. BIRTHPLACE (State or foreign country) BARRY Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ABE DUFF		13b. MOTHER'S MAIDEN NAME ABBIE RUSSEL	
14. NAME OF HUSBAND OR WIFE MRS MAGGIE DUFF			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME Mrs Maggie Duff		ADDRESS 4301 Va.	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Right heart failure - acute dilatation	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) 2. In advanced pulmonary fibrosis (silicosis) with	
		DUE TO (c) 3. Marked right heart hypertrophy.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4. Fracture of left mandible due to fall following death	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) WORK	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) An unincorporated place in directly caused his death		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-12-49	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? This man fell from a scaffold at work due to his health condition	
22. I hereby certify that I attended the deceased from did not, not at home , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ed J. Tanner		23b. ADDRESS Joplin Mo	
23c. DATE SIGNED 1-3-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12 49	
24c. NAME OF CEMETERY OR CREMATORY FORREST PARK		24d. LOCATION (City, town, or county) (State) Joplin Missouri	
25. FUNERAL DIRECTOR'S SIGNATURE Herbert Hoover		ADDRESS Mo. Joplin	
DATE REC'D BY LOCAL REG. 1-14-50		REGISTRAR'S SIGNATURE Ed J. Tanner	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

1-23-50

Jasper County Health Office

County File Number 49-12-1032

Date Filed 1-30-50

JUN 27 1950

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 _____
Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 4593

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 this body is not embalmed, fact should be so stated above.