

FILED JUN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17123

REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 214 Registrar's No. 279

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 214		Registrar's No. 279			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri				b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (In this place) 6 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		d. STREET ADDRESS (If rural, give location) 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bk. East of 22nd and Range Line				e. FULL NAME OF HOSPITAL OR INSTITUTION Bk East of 22nd & Range Line.					
3. NAME OF DECEASED (Type or Print) Aurdy			a. (First)			b. (Middle)			
4. DATE OF DEATH (Month) (Day) (Year) June 4, 1950			5. SEX Male			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH July 14, 1892			9. AGE (In years last birthday) 57			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (State or foreign country) Douglas County, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Richard DuVall			13b. MOTHER'S MAIDEN NAME Prush Cook			
14. NAME OF HUSBAND OR WIFE Bular DuVall			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. NO.			
17. INFORMANT'S SIGNATURE OR NAME Bular DuVall			17. INFORMANT'S SIGNATURE OR NAME Bular DuVall			ADDRESS 22nd and Range Line Joplin, Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				102X	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Nov 10, 1950 to June 4, 1950 , that I last saw the deceased alive on Jan 4, 1950 , and that death occurred at 12:30 A.M. from the causes and on the date stated above.									
23a. SIGNATURE E. C. Coats, M.D.				23b. ADDRESS Joplin, Mo		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 6, 1950		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Missouri			
DATE REC'D BY LOCAL REG. 6-7-50		REGISTRAR'S SIGNATURE E. J. James		25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort		ADDRESS Joplin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-12-50
Jasper County Health Office

County File Number 50-6-163

Date Filed 6-12-50

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 *Charles E. Frey*

Licensed Embalmer No. 47680

P. O. Address *Joplin Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

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