

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33211  
Registrar's No. 961

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>8 years</u>		d. STREET ADDRESS (If rural, give location) <u>630 East Delmar</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>630 East Delmar</u>			
3. NAME OF DECEASED a. (First) <u>Fred</u> b. (Middle) <u>C</u> c. (Last) <u>Duerr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 1 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 17, 1873</u>
9. AGE (In years) <u>77</u>		if UNDER 1 YEAR Months _____ Days _____	if UNDER 18 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (State or foreign country) <u>British Columbia</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sophie Duerr</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Sophie Duerr, Springfield, Missouri</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Carcinomatosis of abdomen -</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>
19a. DATE OF OPERATION <u>2-2-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>General Carcinomatosis of peritoneal cavity (Barnes Hospital, St. Louis)</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>10-12-1949</u> , to <u>11-1-1950</u> , that I last saw the deceased alive on <u>10-31-1950</u> , and that death occurred at <u>1:30 PM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul O. Upshaw, M.D.</u> (Degree or title)		23b. ADDRESS <u>400 Mahal Arts Bldg, Springfield, Mo.</u>	23c. DATE SIGNED <u>11-1-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov 4, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>
24d. LOCATION (City, town, or county) (State) <u>River Side, California</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bel, Alma Schmeizer, Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-1-50</u>		REGISTRAR'S SIGNATURE <u>W E Handley M D III</u>	

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

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**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.

Signed Lee Mason.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4568.....

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.