

FILED MAY 17 1955

STANDARD CERTIFICATE OF DEATH

1581

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Webb City, Mo</u>		c. LENGTH OF STAY (in this place) township) <u>22 days</u>		c. CITY OR TOWN <u>Webb City, Mo</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>				STREET ADDRESS (If rural, give location) <u>1101 Mineral S.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Howard</u> b. (Middle) <u>D.</u> c. (Last) <u>Duffy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 1955</u>				
5. SEX <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 19 1881</u>		9. AGE (In years last birthday) <u>73</u>	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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery City, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>No DATA</u>			13b. MOTHER'S MAIDEN NAME <u>No DATA</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Duffy</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes Spanish American</u>		16. SOCIAL SECURITY NO. <u>492-020-4076</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillian Duffy Webb City, MO</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic Mellitus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5-7-55</u> <u>1 year</u> <u>2 years</u> <u>5 yrs</u>	
19a. DATE OF OPERATION <u>4-20-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Dissecting Aneurysm of aorta - 331x</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, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>May 1954</u> , to <u>May 10, 1955</u> , that I last saw the deceased alive on <u>May 9, 1955</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. Dawson</u>				23b. ADDRESS <u>Ed 2</u>		23c. DATE SIGNED <u>5/12 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 14, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, MO.</u>			
DATE REC'D BY LOCAL REG. <u>5-13-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Johnston-Arnce-Simpson Mortuary</u> <u>Webb City, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

Webb City, MO.

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

May 18 1954

Case Filed

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 _____
Signature of Student Embalmer

Signed Harvey E. Arnee
Licensed Embalmer No. 446

P. O. Address WELL CITY

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.