

FILED JUL 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24130
State File No. _____
Registrar's No. 307

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 307			
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) OR TOWN Joplin		c. LENGTH OF STAY (in this place) 3 yrs		c. CITY OR TOWN Joplin		d. Is 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 Freeman Hospital				e. STREET ADDRESS (If rural, give location) 1802 Joplin Street				04950	
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) W.		c. (Last) Duvall		4. DATE OF DEATH (Month) (Day) (Year) July 3, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Apr. 20, 1879		9. AGE (In years last birthday) 76 if UNDER 1 YEAR: Months 2, Days 13 if UNDER 24 HRS.: Hours _____, Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Marion Co. Ark.			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm. Duvall			13b. MOTHER'S MAIDEN NAME Unkown			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 496-10-5876		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bessie Roley Newkirk, Okla.					
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) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 Approx. 2 1/2 days.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X						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 6-30, 1956, to 7-3-56, 19____, that I last saw the deceased alive on 7-2-56, 19____, and that death occurred at 8:10 A.M., from the causes and on the date stated above.									
23a. SIGNATURE OF J. R. Mann, Jr., (Degree or title) M.D. 0				23b. ADDRESS 321 Frisco Building Joplin, Mo.		23c. DATE SIGNED 7-5-56			
24a. MANNER OF BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-5-56		24c. NAME OF CEMETERY OR CREMATORY Carterville Cem.		24d. LOCATION (City, town, or county) (State) Carterville, Mo.			
DATE REC'D BY LOCAL REG. 7-7-56		REGISTRAR'S SIGNATURE Daniel Meriam			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnice-Simpson Webb City, Mo.				

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

526-0

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 Jack C. Simpson

Licensed Embalmer No. 464

P. O. Address Webb 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.