

Health, Welfare, Public Service
 300
 1-56
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 ALL symptoms with diagnosis listed. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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 6

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

5224

STATE FILE NUMBER

FILED FEB 27 1957

Registration District No. 156 Primary Registration District No. 3047 Registrar's No. 87

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, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.			Length of stay in 1b 10 YRS		d. STREET ADDRESS RIDGWAY APTS. 402 BYERS AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRED Middle M. Last KAUFFMAN				4. DATE OF DEATH FEB. 17, 1957 Month Day Year				
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JUNE 18, 1902		9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN- SEBASTIAN		10b. KIND OF BUSINESS OR INDUSTRY DIESEL EQUIP		11. BIRTHPLACE (City and state or country) CO. SPRINGFIELD, OHIO		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME B. F. KAUFFMAN				14. MOTHER'S MAIDEN NAME MAUDE MATTISON				
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.		17. INFORMANT Address MRS. KATHRYN H. KAUFFMAN, 402 BYERS				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma (lympho-epithelioma of the nasal pharynx) & generalized metastases DUE TO (b) Ruptured Aneurysmal ulcer DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 10 Mo. 2 YRS.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		CITY STATE		
21. I attended the deceased from 2/2/57 to 2/17/57 and last saw her alive on 2-17-57 Death occurred at 2/17/57 m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE G. A. Schulte, M. D. (Degree or title)				22b. ADDRESS 2125 Jackson, Joplin, Mo		22c. DATE SIGNED 2/19/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 2-23-57	23c. NAME OF CEMETERY OR CREMATORY FERNCLIFF CEMETERY,		23d. LOCATION (City, town, or county) - (State) SPRINGFIELD, OHIO			
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.				25. DATE RECD. BY LOCAL REG. 2-22-1957		26. REGISTRAR'S SIGNATURE Dove Merriam		

County File Number 57-2-160
Date Filed FEB 25 1957

MAY 21 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. 23

P. O. Address *Joplin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.