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FILED AUG 13 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25017

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 377

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) JOPLIN — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. JOHN'S HOSP. — Length of stay in 1b ALWAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 329 N. BYERS AVE. — Reside on Farm Yes [ ] No [X]

495 0

3. NAME OF DECEASED (Type or print) First FREDERICK Middle NELSON Last CHRISTMAN

4. DATE OF DEATH Month JULY Day 29, Year 1957

5. SEX M 0

6. COLOR OR RACE W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH MAR. 27, 1901

9. AGE (In years last birthday) 56 — 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) SECY-TREAS. CHRISTMAN DRY GOODS CO.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) JOPLIN, MO. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FRED W. CHRISTMAN

13b. MOTHER'S MAIDEN NAME CORA HOYT

14. NAME OF HUSBAND OR WIFE WINPFRED P. CHRISTMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. UNK

17. INFORMANT MRS. WINIFRED P. CHRISTMAN, Address 329 N. BYERS

MEDICAL CERTIFICATION

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 of Duodenum with abdominal metastases
INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 152X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-15-55, to 7-29-57 and last saw her/him alive on 7-29-57
Death occurred at 12:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Tirkeles, Md.

22b. ADDRESS 805 Frisco Bldg Joplin Mo

22c. DATE SIGNED 7-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 7-31-57

23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY,

23d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.

25. DATE RECD. BY LOCAL REG. 8-8-1957

26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases that are most be causally related.

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County Health Office
County File Number 57-8-686
Date Filed AUG 12 1957

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 F. M. Jones

Licensed Embalmer No. 2317

P. O. Address Joplin

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.