URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–036598

STATE FILE NUMBER

FILED VS OCT 8 0 1959 156 Registration District No. Primary Registration District No. 2001 Registrar's No. 486

ENDED

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN — Length of stay in 1b ALWAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA FREEMAN HOSP. — Inside Limits Yes ☒ No ☐

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 ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2315 UTICA AVE. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FRED Middle W. Last DUFFELMEYER

4. DATE OF DEATH Month OCTOBER Day 9, Year 1959

5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-16-1880
9. AGE (last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED AUDITOR & ACCT.
10b. KIND OF BUSINESS OR INDUSTRY ILLINOIS ZINC & PERU MINING CO'S
11. BIRTHPLACE (City and state or country) JOPLIN, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME FRED W. DUFFELMEYER
13b. MOTHER'S MAIDEN NAME ELIZABETH KLEIN
14. NAME OF HUSBAND OR WIFE MAMIE B. DUFFELMEYER

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. MAMIE B. DUFFELMEYER, Address 2315 UTICA

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) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ASHD
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 12-57, to 10-9-59 and last saw her/him alive on 10-9-59
Death occurred at 3:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. L. Longenecker, M.D.
22b. ADDRESS 617 Frisco Bldg, Joplin
22c. DATE SIGNED 10-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 10-12-59
23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,
23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG. 10-14-1959
26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 _____ Signed Harvey E. Arnce

Signature of Student Embalmer

Licensed Embalmer No. 4463

P. O. Address Joplin, Mo

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