

17800

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 60

Primary Registration District No. 5235

Registrar's No. 6

1. PLACE OF DEATH

(a) County Cedar

(b) City or town Rural Benton Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community At Home (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CEGAR

(c) City or town JERICO SPSS MO
(If outside city or town limits, write "RURAL")
Benton Twp, R. 1, R. 4

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WINFIELD SCOTT SHUPE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 32-43
year _____ hour 7-10 minute _____ M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUG 26 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw h. _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>26</u>	hr. _____ min.

Immediate cause of death Myocarditis and Paralytic stroke

Due to Paralytic Stroke

9. Birthplace AMANDA OHIO
(City, town, or county) (State or foreign country)

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93x

10. Usual occupation MAKINIST

11. Industry or business OWNER

Major findings: Of operations _____

12. Name SHUPE

13. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name IBA MAY DICKSON

15. Birthplace AMANDA OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant Paul S. Shupe

(b) Address Jerico Spgs. Mo. R.R. 2

17. (a) REMOVED (b) Date thereof 5-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BUCKNER MO

18. (a) Signature of funeral director O. P. MITCHELL

(b) Address JERICO SPSS MO

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) May 22 1943 (b) J. O. Schrock
(Date rec'd local registrar) (Registrar's signature)

23. Signature J. O. Schrock & Social Recorder
(M.D. or other) Address Jerico Springs Mo Date signed 5/22/43

(Licensed Embalmer's Statement on Reverse Side)

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

441
17-39
X26330

20
0
6

1506

RECEIVED

District Health Officer No. 71 473

District File Number ~~5-43-330~~

Date Recd. 6-8-43

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

Registered Apprentice No.

working under my personal supervision.

Signed

A. Mitchell

Licensed Embalmer No. 1908

P. O. Address. *Jerico Springs*

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 this body is not embalmed, fact should be so stated above.

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STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 60

Primary Registration District No. 5235

Registrar's No. 6

1. PLACE OF DEATH:

(a) County ledar

(b) City or town Benton Sup Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____

In this community Yes At Home (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ma (b) County Cleaver

(c) City or town Benton Sup, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Benton Sup, Rural
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Winfield Scott Shupe

3. (b) If veteran No 3. (c) Social Security name war _____ No. No

20. DATE OF DEATH: Month March Day 2 Year 1943 hour _____ minute _____ M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife No known 6. (c) Age of husband or wife if alive Dead years _____

7. Birth date of deceased Aug 26
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____; that I saw him _____ live on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death Myocardial infarction and Papillary

8. AGE: Years 83 Months 8 Days 26 If less than one day _____ min. _____

Due to Peralatic Stroke

Due to _____

9. Birthplace Ann Arbor Ohio
(City, town, or county), (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Magician

11. Industry of business Owner

Major findings: Of operations _____

Of autopsy _____

12. Name Shupe

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Dismore

15. Birthplace Amanda Ohio
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Paul S Shupe

(b) Address Jerica Springs, Mo

17. (a) Retention (Burial, cremation, or removal) (b) Date thereof May 23-43
(Month) (Day) (Year)

(c) Place: burial or cremation Buckner, Mo cemetery

18. (a) Signature of funeral director P. Mitchell

(b) Address Jerica Springs, Mo

23. Signature J. S. Schock (Specify type of place) (e) Means of injury Local Recorder
(M., D. or other) _____

Address Jerica Springs, Mo Date signed 7/22/43

19. (a) Mar 22, 1943 (b) J. S. Schock
(Date received local registrar) (Registrar's signature)

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

SUPPLEMENTARY

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

17600