

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29226

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5058 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Monett Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>	
c. LENGTH OF STAY (in this place) <u>all of life</u>		d. STREET ADDRESS (If rural, give location) <u>RR # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fredrick</u>		b. (Middle) <u>Charles</u>	
c. (Last) <u>Rupp</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 1 - '49</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>mar 27 - 1883</u>
9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>4</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Monett Mo</u>
13a. FATHER'S NAME <u>John Rupp</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Schmbach</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy Rupp</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Lucy Rupp, Monett, Mo</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4222	
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 _____, 19____, to _____, 19____, that I last saw the deceased <u>dead</u> <u>and on Sept. 1</u> , 19 <u>49</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul D. Benbest</u>		23b. ADDRESS <u>Barry, Mo.</u>	
23c. DATE SIGNED <u>9-1-1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 4 - 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stones Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Barry, Mo</u>
DATE REC'D BY LOCAL REG. <u>9-10-49</u>	REGISTRAR'S SIGNATURE <u>W.M. West</u>	12	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Bennett-Wormington, Monett, Mo</u>

RECEIVED SEP 15 1949  
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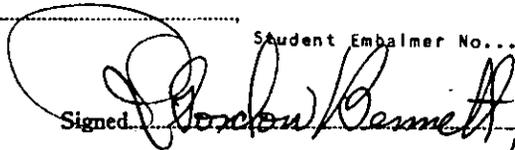
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_



Signed.....  
Student Embalmer

Licensed Embalmer No. 4218

P. O. Address Monett Mo

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.