

S. No. 300  
EV. 10.48

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5362

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 55

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

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Marion</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Ralls</b> |  |
| b. CITY OR TOWN <b>Hannibal</b> (If outside corporate limits, write RURAL and give township) |  | c. CITY OR TOWN <b>R#3 Clay Township</b> (If outside corporate limits, write RURAL and give township)                               |  |
| c. LENGTH OF STAY (If in this place) <b>1 hour</b>   |  | d. STREET ADDRESS (If rural, give location) <b>South Hannibal One mile of highway 61</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>                        |  |   |  |

|                                     |                       |                             |                       |                                       |
|-------------------------------------|-----------------------|-----------------------------|-----------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Leo</b> | b. (Middle) <b>Nicholas</b> | c. (Last) <b>Rupp</b> | 4. DATE OF DEATH (Month) (Day) (Year) |
|                                     |                       |                             |                       | <b>2 11 1951</b>                      |

|                    |                               |  |                                       |   |                        |                      |                       |                      |
|--------------------|-------------------------------|--|---------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b> | 8. DATE OF BIRTH <b>July 27, 1887</b> | 9. AGE (In years last birthday) <b>63</b> | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Days | IF UNDER 4 HRS. Hours | IF UNDER 4 HRS. Min. |
|--------------------|-------------------------------|--|---------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

|   |   |  |  |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <b>Plumbing Heating</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Central Plumbing</b> | 11. BIRTHPLACE (State or foreign country) <b>Mo.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>US</b> |
|---|---|--|--|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <b>Valentine Rupp</b> | 13b. MOTHER'S MAIDEN NAME <b>Tresa Pike</b> | 14. NAME OF HUSBAND OR WIFE <b>Divorced</b> |
|--|---|---|

|   |                         |  |         |
|---|-------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>NO</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <b>Eugene Rupp Hannibal Mo</b> | ADDRESS |
|---|-------------------------|--|---------|

|  |  |  |   |
|--|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. *It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac infarct - Sudden death</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>5 yrs.</b> |
|  | ANTECEDENT CAUSES<br><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) <b>Myocarditis</b> |  |   |
|  | DUE TO (c)   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br><br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  | <b>4201</b>   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 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 **Jan 11, 1951** to **Feb 11, 1951**, that I last saw the deceased alive on **Feb 2, 1951**, and that death occurred at **11 p. m.**, from the causes and on the date stated above.

|   |                   |                                 |                                 |
|---|-------------------|---------------------------------|---------------------------------|
| 23a. SIGNATURE <b>Eugene R. Miller D.O.</b> | (Degree or title) | 23b. ADDRESS <b>Hannibal Mo</b> | 23c. DATE SIGNED <b>2-13-51</b> |
|---|-------------------|---------------------------------|---------------------------------|

|   |                          |  |   |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>2-15-51</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Hannibal Mo.</b> |
|---|--------------------------|--|---|

|   |   |   |                            |
|---|---|---|----------------------------|
| DATE REC'D BY LOCAL REG. <b>2-14-51</b> | REGISTRAR'S SIGNATURE <b>Dr E. M. Lucke</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Ralph Clark</b> | ADDRESS <b>Hannibal Mo</b> |
|---|---|---|----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 16 1951  
MARION CO. HEALTH DEPT.  
DATE FILED FEB 17 1951

STATEMENT BY LICENSED EMBALMER

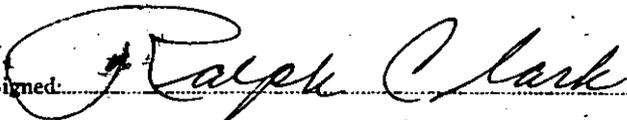
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Ralph Clark

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed: 

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.