

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16027

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 67

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Pilot Grove, Mo. 0270</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>					

3. NAME OF DECEASED (Type or Print) <u>HILDA</u>			a. (First)		b. (Middle)	c. (Last) <u>SCHUPP</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 24, 1890</u>		9. AGE (In years last birthday) <u>61</u>	If under 1 year: Months <u>2</u> Days <u>4</u>	If under 1 min. Hours <u></u> Mins. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Madrey Selback</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabth Deuschle</u>		14. NAME OF HUSBAND OR WIFE <u>Russie Schupp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Russie Schupp, Pilot Grove, Mo</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Failure</u>		ANTECEDENT CAUSES			DUE TO (b) <u>CARCINOMATOSIS - Generalized</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <u>Lymphosarcoma.</u>
11. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			3 1/2 years

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)		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 _____, 1948, to Aug 3 1951, that I last saw the deceased alive on JUNE 3, 1951, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. I. Humphreys MD.</u>		23b. ADDRESS <u>Boonville, Mo</u>		23c. DATE SIGNED <u>Aug 7, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 5, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>June 4, 1951</u> <u>D. Hooper</u> 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hays - Painter, Pilot Grove, Mo</u>		
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RECEIVED 6-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-9-51 _____

111

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 _____

Rayton E. Nera

Signed _____
Student Embalmer

Licensed Embalmer No. *3074*

P. O. Address *Pilot Grove, 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.