

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19902**

No. 300
10-48

FILED JUN 19 1952

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 142			
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Illinois				b. COUNTY Pazewell #120	
b. CITY (If outside corporate limits, write RURAL and give town) Jefferson City			c. LENGTH OF STAY (In this place) 2wks	c. CITY (If outside corporate limits, write RURAL and give township) Washington					
d. FULL NAME OF HOSPITAL OR INSTITUTION Charles E. Still Hospital				d. STREET ADDRESS (If rural, give location) Main St.					
3. NAME OF DECEASED (Type or Print) a. (First) Mildred Louise Rupp			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 17, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1904 April 28 2004	9. AGE (In years last birthday) 48	YEAR 1	MONTHS 17	DAYS 17	IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY own		11. BIRTHPLACE (State or foreign country) El Paso Illinois 1			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Marion Armstrong			13b. MOTHER'S MAIDEN NAME Mildred Holden			14. NAME OF HUSBAND OR WIFE Louis Rupp			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) no		17. INFORMANT'S SIGNATURE OR NAME Robert M. Beavens		ADDRESS Osage Beach, Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure -				INTERVAL BETWEEN ONSET AND DEATH 2 days	
				ANCEDECENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Toxemia -				3 days	
				DUE TO (c) Acute pancreatitis				3 days	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 6/6/52		19b. MAJOR FINDINGS OF OPERATION uterine fibroid				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)		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 6/6 , 19 52 , to 6/17 , 19 52 , that I last saw the deceased alive on 6/17 , 19 52 , and that death occurred at 10:25 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) R. G. Michael D.O.				23b. ADDRESS Jefferson City, Mo		23c. DATE SIGNED 6/18/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 18, 52	24c. NAME OF CEMETERY OR CREMATORY Stemdale Cemetery		24d. LOCATION (City, town, or county) (State) Washington, Ill.				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE June 18-1952 R. G. Darris				25. FUNERAL DIRECTOR'S SIGNATURE MR Victor Breachy		ADDRESS Jefferson City, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 3 1959

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
Student Embalmer

Signed Victor Breschu

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.