

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 1 1952

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5156 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rockford Twp 2yn</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rockford Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>0130</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Allie</u> b. (Middle) <u>E.</u> c. (Last) <u>Schupback</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 21 52</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 27 1880</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>

13a. FATHER'S NAME <u>David Kirk</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Phelps</u>	14. NAME OF HUSBAND OR WIFE <u>N.W. Schupback</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 <u>N.W. Schupback</u>
		ADDRESS <u>Polk 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Hypertension</u>		
	ANTECEDENT CAUSES <u>Diarr.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> 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 <u>4201</u>	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 2-12, 1952, to 7-21, 1952, that I last saw the deceased alive on 7-20, 1952, and that death occurred at 1 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. Wilson MD</u>	(Degree or title)	23b. ADDRESS <u>Polk Mo</u>	23c. DATE SIGNED <u>7-21-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-24-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kirkcove</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkcove Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-25-52</u>	REGISTRAR'S SIGNATURE <u>Gladys Jones</u>	37-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Abraham Cooney</u>	ADDRESS <u>Polk</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

ERWIN L. TROWITCH

working under my personal supervision.

Signed Erwin L. Trowitch
Student Embalmer

Student Embalmer No. 1448 # 44
Signed Bernard J. Nead
Licensed Embalmer No. 2501

P. O. Address mes No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDS. (Failure to comply with the above constitutes grounds for revocation of license.)

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