S. No. 300
v. 10.48

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

FILED DEC 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39154

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 232

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 508 W. Macon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage 0443
d. STREET ADDRESS (If rural, give location): 508 W. Macon

3. NAME OF DECEASED (Type or Print)
a. (First): Bertal
b. (Middle): Aham
c. (Last): Cupp

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 8, 1878
9. AGE (In years last birthday): 74
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Newton County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William L. Cupp
13b. MOTHER'S MAIDEN NAME: Voiles Boils
14. NAME OF HUSBAND OR WIFE: Virginia Alice Cupp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Raymond Cupp, 508 W. Macon

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis — 1 hr
DUE TO (c) Auricular fibrillation, cardiac failure — 12 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, 5 Apoplectic Attacks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4331
20. AUTOPSY? YES ☐ NO ☑

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) Carthage (COUNTY) Jasper (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-12, 1952, *to* 11-28, 1952, *that I last saw the deceased alive on* 11-24, 1952, *and that death occurred at* 1:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Grover S. Patterson MD
23b. ADDRESS: 306 S. Main Carthage, Mo
23c. DATE SIGNED: 11-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-28-52
24c. NAME OF CEMETERY OR CREMATORY: Fidelity Cemetery
24d. LOCATION (City, town, or county) (State): Jasper County Mo.

DATE REC'D BY LOCAL REG.: 11-29-52
REGISTRAR'S SIGNATURE: R B Clinton, MD
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Ulmer Funeral Home Carthage Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Patterson

RECEIVED 12-3-52
Jasper County Health Office

County File Number 52/12/944
Date Filed 12-3-52

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 William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Carthage 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.