

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25957**

No. 300
10.48

FILED AUG 11 1953

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **206**

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

1. PLACE OF DEATH a. COUNTY RANDOLPH b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY c. LENGTH OF STAY (In this place) 3 DAYS d. FULL NAME OF HOSPITAL OR INSTITUTION WOODLAND HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RANDOLPH c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ELARK 0880 d. STREET ADDRESS (If rural, give location) R.F.D. #4 ELARK	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HERMAN c. (Last) RUPP		4. DATE OF DEATH (Month) (Day) (Year) AUG 6 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 23-1903
9. AGE (In years) 50	If under 1 year: Months _____ Days _____	If under 1 year: Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) MOBERLY, MO.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE WORKER		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME EDWARD RUPP		13b. MOTHER'S MAIDEN NAME CLARA WHITNER	14. NAME OF HUSBAND OR WIFE GLYADS RUPP
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service) YES		16. SOCIAL SECURITY NO. 491-07-1182	17. INFORMANT'S SIGNATURE OR NAME Glyads Rupp ADDRESS RFD #4 Elark
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute nephritic nephritis ANTECEDENT CAUSES (b) unknown *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS (c) Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 590X	
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 <u>Aug. 4, 1953</u>, to <u>Aug. 6, 1953</u>, that I last saw the deceased alive on <u>Aug. 5, 1953</u>, and that death occurred at <u>1 P.M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (In proper title) L. E. Huber M.D.		23b. ADDRESS MOBERLY MO.	23c. DATE SIGNED 8/8/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-8-53	24c. NAME OF CEMETERY OR CREMATORY SUNSET CEMETERY	24d. LOCATION (City, town, or county) (State) MOBERLY MISSOURI
DATE RECD BY LOCAL REG. 8/8/53	REGISTRAR'S SIGNATURE Jesse Knight	25. FUNERAL DIRECTOR'S SIGNATURE Snow Funeral Home ADDRESS MOBERLY MO.	

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 Jerry R. Carter

Licensed Embalmer No. 4906

P. O. Address Moherly, 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.