

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 8 1953

5182 State File No. 38470  
52 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>					
b. CITY OR TOWN <u>New Wells Mo</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>New Wells Mo 0160</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New Wells Mo</u>				d. STREET ADDRESS <u>New Wells Mo.</u>					
3. NAME OF DECEASED (Type or Print) <u>Louis Herman Schuppan</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>Nov 30 1953</u>		(Month)		(Day)		(Year)			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>		8. DATE OF BIRTH <u>Jan 8 1879</u>			
9. AGE (In years) <u>74</u>		10. UNDER 1 YEAR <u>10</u>		11. UNDER 1 Mth. <u>22</u>		12. UNDER 1 Mth. _____			
10a. USUAL OCCUPATION (Give kind of work done in important part of life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____					
11. BIRTHPLACE (City and State or Foreign Country) <u>New Wells Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>Louis Schuppan</u>			13b. MOTHER'S MAIDEN NAME <u>Theresa Schner</u>			14. NAME OF HUSBAND OR WIFE <u>Ida A Mueller</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Schuppan</u> ADDRESS <u>New Wells 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>				DUPLICATE OF (a) <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u>	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUPLICATE OF (b) <u>Atherosclerosis, General</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>	
DUPLICATE OF (c) _____				II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
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) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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? <u>4221</u>					
22. I hereby certify that I attended the deceased from <u>Aug 5</u> , 19 <u>47</u> , to <u>Nov 30</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Nov 24</u> , 19 <u>53</u> , and that death occurred at <u>7:15 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Theodore Fischer</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Altenburg, Missouri</u>		23c. DATE SIGNED <u>12-2-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 3 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Wells Cemetery</u>		24d. LOCATION (City, town, or county) <u>New Wells Mo.</u> (State) _____			
DATE REC'D BY LOCAL REG. <u>12-3-53</u>		REGISTRAR'S SIGNATURE <u>D. G. Schum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McComb &amp; Co. Jackson Mo.</u> ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PENCIL MARK

DE

**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 BA Meyer

Licensed Embalmer No. 395-1

P. O. Address Jackson m

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

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