

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

34131

4555

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JACKSON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>30 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. MARYS HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>1920 EAST 83rd TERRACE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHN</u>		b. (Middle) <u>HUGO</u>		c. (Last) <u>SCHUPP</u>	
				4. DATE OF DEATH (Month) (Day) (Year)		<u>Sept. 26, 1954</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 23, 1894</u>	
9. AGE (In years last birthday) <u>56</u>		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) <u>CHECKER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>A.G. WAREHOUSE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PLEASANT GREEN, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>JOHN B. SCHUPP</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia IRICK</u>		14. NAME OF HUSBAND OR WIFE <u>EDNA MULLEN SCHUPP</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-05-7425</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Edna Schupp</u> ADDRESS <u>1920-E-833rd Kc. Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		ANTECEDENT CAUSES				<u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>2 days</u>	
		DUE TO (b) <u>Hemiplegia left.</u>				<u>1 yr</u>	
		DUE TO (c) <u>Hypertensive Cardiovascular disease</u>				<u>443x</u>	
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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)		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>24 Sept., 1954</u> , to <u>26 Sept., 1954</u> , that I last saw the deceased alive on <u>23 Sept., 1954</u> , and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James W. Downey</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>800 Argyle Bldg Kc. Mo</u>		23c. DATE SIGNED <u>9/27/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT 29 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. MORIAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>9-28-54</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer</u> ADDRESS <u>1331 Broadway Clark</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Clare J. Can*.....

Licensed Embalmer No. 493

P. O. Address K. C. 10, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.