

FILED JAN 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43113

State File No.

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6/39 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Black Creek</u>		c. LENGTH OF STAY (in this place) <u>1 1/2</u>	c. CITY OR TOWN <u>Black Rural Creek</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		STREET ADDRESS (If rural, give location) <u>1020</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) <u>✓</u> c. (Last) <u>Gupton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-29-1954</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 26 - 96</u>
9. AGE (in years last birthday) <u>58</u>		IF UNDER 1 YEAR: Days <u>5</u> Hours <u>3</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Stephen Gupton</u>	13b. MOTHER'S MAIDEN NAME <u>Wanda Rayner</u>	14. NAME OF HUSBAND OR WIFE <u>Nora Gupton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nora Gupton</u>	ADDRESS <u>Shelbyville Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Thrombosis Arteriosclerosis</u>		
	DUE TO (c) <u>Thrombosis of popliteal artery Rt leg with gangrene of heel of foot</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Occupation of Rt. leg</u>		Oct 16, 1954	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332X</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)	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 April 1, 1954, to Dec 29, 1954, that I last saw the deceased alive on Dec 28, 1954, and that death occurred at 6:00 a.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Gladys Bower</u>	(Degree or title) <u>RD.</u>	23b. ADDRESS <u>Shepherd Mo</u>	23c. DATE SIGNED <u>Jan 3, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 31 - 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shelby Co Mo</u>
DATE REC'D BY LOCAL REG. <u>1-14-55</u>	REGISTRAR'S SIGNATURE <u>Gladys A. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.P. Thompson</u> ADDRESS <u>Shelbyville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

52
76
78

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..... *E. P. Thompson*

Licensed Embalmer No... 1632

P. O. Address *Shelbyville, 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.