

XC-Unknown
SL-11400
FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39327
STATE FILE NUMBER
8883

Registration District No. 318 Primary Registration District No. 1003 Registrar No. 8883

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS													
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN UNIVERSITY CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vet. Adm. Hospital			Length of stay in 1b 17 hours		d. STREET ADDRESS (If outside, give location) 6652 CHAMBERLAIN		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First RICHARD Middle EUGENE Last CUPP				4. DATE OF DEATH Month 9 Day 26 Year 56													
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-29-32		9. AGE (In years last birthday) 24		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) LOUELLEN, KENTUCKY				12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME CLARENCE CUPP						14. MOTHER'S MAIDEN NAME RUTH PHILLIPS											
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES KOREAN				16. SOCIAL SECURITY NO.		17. INFORMANT Address VA Hosp. Records, 915 N. Grand, St. Louis, Mo.											
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Pulmonary congestion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 2. Cardiac Hypertrophy DUE TO (c) 3. Bone marrow depletion										INTERVAL BETWEEN ONSET AND DEATH							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4343														
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.																	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE					
21. I attended the deceased from 9-25-56 to 9-26-56 and last saw him alive on 9-26-56 Death occurred at 8:40 AM m on the date stated above; and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE (Degree or title) Joseph S. ... 3										22b. ADDRESS 1300 Clark				22c. DATE SIGNED 9/26/56			
23a. BURIAL, CREMATION REMOVAL (Specify) Removal			23b. DATE 9/27/56		23c. NAME OF CEMETERY OR CREMATORY Harlan, Ky.			23d. LOCATION (City, town, or county) (State) Harlan, Ky.									
24. FUNERAL DIRECTOR Edward Fendler Mortuary 5611 S Grand Bl.					25. DATE RECD. BY LOCAL REG. SEP 27 1956				26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.								

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 *Harry J. Schuman*
.....
Licensed Embalmer No.....

P. O. Address.....
5611 S. Main

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.