THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24359

STATE FILE NUMBER

FILED AUG 12 1957 Registration District No. 142 Primary Registration District No. 5556 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Mountain View — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Francis Hpt. — Length of stay in 1b. 13 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howell
c. CITY OR TOWN Mountain View, 4610 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Albert Middle J. Last Cypret

4. DATE OF DEATH Month Aug. Day 4, Year 1957

5. SEX male
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept. 20, 1892
9. AGE (In years last birthday) 64 — 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) Car dealer
10b. KIND OF BUSINESS OR INDUSTRY Cheve. cars
11. BIRTHPLACE (City and state or country) Lynn Creek, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. David Cypret
13b. MOTHER'S MAIDEN NAME Martha Louiza West
14. NAME OF HUSBAND OR WIFE Willie Cypret

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 491-05-1114
17. INFORMANT Earnest Cypret Address Mtn. View, 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) Cor pulmonale — INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchial asthma — 20 years
DUE TO (c) 241 x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-10-56, to 8-4-57 and last saw ~~her~~ him alive on 8-4-57
Death occurred at 10:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. R. Iffay M.D.
22b. ADDRESS Mtn. View, Mo.
22c. DATE SIGNED 8-8-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/7/57
23c. NAME OF CEMETERY OR CREMATORY Green Lawn
23d. LOCATION (City, town, or county) (State) Mountian View, Missouri

24. FUNERAL DIRECTOR Duncan Funeral Home ADDRESS Mtn View, Mo.
25. DATE RECD. BY LOCAL REG. 8-9-57
26. REGISTRAR'S SIGNATURE Laura Mitchell

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 13 1957

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 Richard A. Norton, Student Embalmer No. 540 working under my personal supervision.

Student Richard A. Norton
Signature of Student Embalmer

Signed Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Mtn. View, 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.