

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25392
STATE FILE NUMBER

FILED JUL 17 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 252

| | | | | | |
|---|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Hannibal</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence, 412 Mark Twain</u> | | Length of stay in 1b | d. STREET (If outside, give location) ADDRESS <u>412 Mark Twain Avenue</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) <u>ELMER</u> <u>ALVIE</u> <u>RUPERT</u> | | | 4. DATE OF DEATH <u>July 7, 1957</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>January 16, 1879</u> | | 9. AGE (In years last birthday) <u>78</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (City and state or country) <u>Pike County Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> |
| 13. FATHER'S NAME <u>Franklin Rupert</u> | | | 14. MOTHER'S MAIDEN NAME <u>Elizabeth McRoon</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> <u>None</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT <u>Mrs. Elizabeth Berry</u> <u>Hannibal Missouri</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis,</u> <u>arteriosclerotic in type</u> DUE TO (b) <u>Chronic nephritis, with uremia</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> |
| 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.) | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>6/13/56</u> to <u>7/7/57</u> and last saw her alive on <u>7/6/57</u> Death occurred at <u>11:20 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> | | (Degree or title) <u>M.D.</u> | | 22b. ADDRESS <u>Hannibal Mo</u> | |
| 22c. DATE SIGNED <u>7/9/57</u> | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>7/9/1957</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet,</u> | |
| 23d. LOCATION (City, town, or county) <u>Hannibal Missouri</u> | | | | | |
| 24. FUNERAL DIRECTOR <u>[Signature]</u> | | ADDRESS <u>Hannibal Missouri</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-11-57</u> | |
| 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | | | | | |

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

RECEIVED JUL 16 1957
MARION CO. HEALTH DEPT.
DATE FILED JUL 16 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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John S. Stone*.....

Licensed Embalmer No. 45

P. O. Address Hannibal

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.