

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36112

STATE FILE NUMBER

FILED NOV 5 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4876

CHESTER E. LEE USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS 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 ST. LUKE'S HOSPITAL Length of stay in 1b 67 YEARS		d. STREET ADDRESS 3723 E 60th St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last SUSAN A RUPE			4. DATE OF DEATH Month Day Year OCT-18-1957
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH SEPT-11-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) KANSAS CITY MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAMES E. SHACKELFORD	
13b. MOTHER'S MAIDEN NAME MARY ETTA KELLEY		14. NAME OF HUSBAND OR WIFE ELROY C. RUPE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT ELROY C. RUPE		Address 3723 EAST 60TH STREET KANSAS CITY, MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinoma			INTERVAL BETWEEN ONSET AND DEATH 4 MO.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			1999
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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 May 22 1956 to 10-18-57 and last saw her alive on 10-18-57 Death occurred on 10-18-57 at 9:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Chester E. Lee M.D. (Degree or title)		22b. ADDRESS 5830 Hall Museum Kansas	
22c. DATE SIGNED 10-19-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT-21-1957	
23c. NAME OF CEMETERY OR CREMATORY Mt. MORIAN CEMETERY		23d. LOCATION (City, town, or county) (State)* KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR DW NEWCOMERS SON'S ADDRESS 1331 BRUSH CREEK BLDG. KC. MO		25. DATE RECD. BY LOCAL REG. 10-21-57	
26. REGISTRAR'S SIGNATURE neva minshall			

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 *Vern Lawler* .....

Licensed Embalmer No. *4915* .....  
P. O. Address *47 E 32nd* .....

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.