

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021069

FILED JUN 16 1958

Registration District No. 42 Primary Registration District No. 1000 STATE FILE NUMBER 600 Registrar's No. 600

300  
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 0110
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		Length of stay in 1b 40yrs	d. STREET ADDRESS Rt #6 (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last Phillip Zuptich			4. DATE OF DEATH Month Day Year June 6 1958
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 29, 1885
10a. USUAL OCCUPATION (Give kind of work done during the last year of life, even if retired) Re. laborer		10b. KIND OF BUSINESS OR INDUSTRY Armour & Co	9. AGE (In years last birthday) 73
11. BIRTHPLACE (City, and state or country) Yugoslavia		12. CITIZEN OF WHAT COUNTRY? Yugoslavia	
13a. FATHER'S NAME James Zuptich		13b. MOTHER'S MAIDEN NAME Rose ?	14. NAME OF HUSBAND OR WIFE Drago Zuptich (de)
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. 487-09-1409	17. INFORMANT Phillip Zuptich, Jr Address St. Joseph, 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) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			
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.)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 5/29/58 to 6/6/58 and last saw him alive on 6/5/58 Death occurred at 7:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. Carpenter M.D.		22b. ADDRESS 902 Edward	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/9/58	23c. NAME OF CEMETERY OR CREMATORIUM Mt. Olivet Cemetery	22c. DATE SIGNED 6/7/58 (Strike)
24. FUNERAL DIRECTOR Phillip Zuptich	ADDRESS St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. June 9 1958	26. REGISTRAR'S SIGNATURE Wm. Clark Keadell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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, ~~only~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed

*John E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph*

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.