

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040175

STATE FILE NUMBER

5643

FILED DEC 11 1958

Registration District No. 149

Primary Registration District No. 1001

Registrar's No.

S. 300
v. 1-57

All diseases in Part I must be causally related. No symptoms will be listed.

Marcella M. Krahenbuhl

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 Kansas b. COUNTY Brown	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Horton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Length of stay in lb 4 Days	d. STREET ADDRESS 929 1st. Ave. East
3. NAME OF DECEASED (Type or print) MARY JANE RUPE		First MARY	Middle JANE
Last RUPE		4. DATE OF DEATH Month November Day 26, Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15-1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homework		10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 83
11. BIRTHPLACE (City and state or country) Caldwell Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dick Clark		13b. MOTHER'S MAIDEN NAME Mary Jane Rainwater	
14. NAME OF HUSBAND OR WIFE Wesley 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 Address George Brigdon, 3310 Broadway, K.C. 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) Cerebrovascular Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension			years
DUE TO (c) Generalized Arteriosclerosis			years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 11-22-58 to 11-26-58 and last saw her ^{her} _{him} alive on 11-26-58 Death occurred at 11/26/58 3:30PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Marcella M. Krahenbuhl, M.D.		22b. ADDRESS Kansas City, Missouri	
22c. DATE SIGNED 11/28/58		23. NAME OF CEMETERY OR CREMATORY Horton Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/28/1958	
23c. LOCATION (City, town, or county) Horton, Kansas		23d. DATE RECD. BY LOCAL REG. 11-29-58	
24. FUNERAL DIRECTOR ADDRESS Jos. A. Butler's Sons, K.C.K.		26. REGISTRAR'S SIGNATURE Neva Marshall	

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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


Licensed Embalmer No. 3426 Miss
P. O. Address Kansas City 2, K

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.