

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006604

STATE FILE NUMBER

71

FD FEB 24 1959

Registration District No. 274

Primary Registration District No. 3052

Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1111 State Fair Blvd.</b>	
Length of stay in 1b <b>1 Month</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Robert Boone Rupard</b>			4. DATE OF DEATH Month Day Year <b>Feb. 15 1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 25, 1874</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocerman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery</b>	11. BIRTHPLACE (City and state or country) <b>Vernon County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Bryant Rupard</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Kirpatrick</b>		14. NAME OF HUSBAND OR WIFE <b>Martie Smith Rupard</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs. Martie Rupard</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>29 DAYS</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Hypertension</b>			<b>114 R.S</b>
	DUE TO (c) <b>Arteriosclerosis</b>			<b>YEARS</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331X</b>			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 <b>1-18-59</b> to <b>2-15-59</b> and last saw <sup>him</sup> alive on <b>2-16-1959</b> Death occurred at <b>10:30 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>DD</b>		22b. ADDRESS <b>Woodland Hospital, Sedalia</b>		22c. DATE SIGNED <b>2/16/59</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 18, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Sedalia, Pettis Missouri</b>	
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24. FUNERAL DIRECTOR <b>D. W. Heckart Sedalia, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 17, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Betty Yeager Deputy</b>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *D. L. Schaffer* .....

Licensed Embalmer No. *5263* ...  
P. O. Address *Idaho* ...

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.