

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-008924

State File No.

FILED APR 15 1959

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Dunklin</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Kennett</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Dunklin</u>	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Kennett</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>510 Anthony</u>							
e. STREET ADDRESS (If rural, give location) <u>510 Anthony St.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lula</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Duprel</u>	
4. DATE OF DEATH		Month <u>April</u>		Day <u>8</u>		Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>Dec 6, 1874</u>		9. AGE (In years last birthday) <u>84</u> if under 1 year <u>4</u> months <u>2</u> days if under 12 hrs. <u>2</u> hours <u></u> min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bollinger County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Collins</u>		14. NAME OF HUSBAND OR WIFE <u>Melvin Bugh - Kennett, Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Melvin Bugh - Kennett, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease.</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>4200</u> (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr 8</u> , 1959, to <u>Apr 8</u> , 1959, that I last saw the deceased alive on <u>Apr 8</u> , 1959, and that death occurred at <u>11:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Leo Benson M.D.</u> (Degree or title)				23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>4-11-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-11-59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge -</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-11-59</u>		REGISTRAR'S SIGNATURE <u>Leo Benson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mc Daniel Funeral Service</u>		ADDRESS <u>Kennett, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Benson

COUNTY FILE NUMBER 489-116

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 *Hubert B. Baird*.....

Licensed Embalmer No. *488*.....

P. O. Address *Fennett, N.*.....

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.