THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017229
STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kennett — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Dunklin Mem-hosp — Length of stay in 1b: 0

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Dunklin
c. CITY OR TOWN: Cardwell — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS: 035 (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Naomi — Middle: — Last: Cupp

4. DATE OF DEATH: Month Day Year: 4-18-1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 12-15-1888

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Tenn.

12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Unk

13b. MOTHER'S MAIDEN NAME: Unk.

14. NAME OF HUSBAND OR WIFE: L.M. Cupp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr L.M. Cupp (Husband) — Address: Cardwell Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia lobar
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocarditis c decompensation
DUE TO (c): + Arthritis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4222

INTERVAL BETWEEN ONSET AND DEATH:

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE 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 several years, to April 18, 1959 and last saw her alive on 4-18-59
Death occurred at 11:03 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. W. Coughlin MD — Degree or title

22b. ADDRESS: Cardwell, MO

22c. DATE SIGNED: 5-18-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-21-1959

23c. NAME OF CEMETERY OR CREMATORY: Cardwell Cemetery

23d. LOCATION (City, town, or county) (State): Cardwell, Mo.

24. FUNERAL DIRECTOR ADDRESS: Gregg Funeral Home-Monette, Ark.

25. DATE RECD. BY LOCAL REG.: 5-19-1959

26. REGISTRAR'S SIGNATURE: Earl Husband

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

COUNTY FILE NUMBER 559-159

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.....

P. O. Address.....

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.