

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018534

IC-14811879 REG. NO. A1485  
 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 281

STATE FILE NUMBER

FILED VS MAY 23 1960

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>REYNOLDS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		Length of stay in lb <b>D.O.A.</b>	c. CITY OR TOWN <b>ELLINGTON</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF DECEASED (If not in hospital or institution) <b>DEAD ON ARRIVAL AT VA HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>ROUTE TWO</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>LUTHER</b> Middle <b>(NONE)</b> Last <b>SHUPE</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>9</b> Year <b>1960</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>8-12-92</b>	9. AGE (last birthday) <b>67</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>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AGRICULTURE</b>	11. BIRTHPLACE (City and state or country) <b>VANDALIA, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>DAVE SHUPE</b>	13b. MOTHER'S MAIDEN NAME <b>ALICE SIMMONS</b>	14. NAME OF HUSBAND OR WIFE <b>PEARL SHUPE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT <b>-WIFE</b> Address <b>PEARL SHUPE, RTE. 2, ELLINGTON, MO.</b>
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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>ACUTE MYOCARDIAL INFARCTION.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 Hours</b> <b>Sev. Years</b>
DUE TO (b) <b>CORONARY ARTERIOSCLEROTIC HEART DISEASE.</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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 <b>VA</b>	COUNTY <b>VA</b>	STATE <b>VA</b>
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21. I attended the deceased from <b>MAY 9, 1960</b> to <b>MAY 9, 1960</b> and last saw her alive on <b>MAY 9, 1960</b> Death occurred at <b>725A.M. "DEAD ON ARRIVAL"</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>Robert S. Cohen</b> (Degree or title) <b>ROBERT S. COHEN, M.D., Chief, Medical Svc. VA Hospital, Poplar Bluff, Mo.</b>	22b. ADDRESS	22c. DATE SIGNED <b>5/12/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAY 11, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BLACK CREEK</b>	23d. LOCATION (City, town, or county) (State) <b>Butler County, Mo</b>
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24. FUNERAL DIRECTOR <b>McSpodden Funeral Home</b>	25. DATE RECD. BY LOCAL REG. <b>5/14/60</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

MS MAY 23 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Donald B. Sloan, Student Embalmer No. 606  
working under my personal supervision.

Student Donald B. Sloan  
Signature of Student Embalmer

Signed Allen C. McGowan

Licensed Embalmer No. 4543

P. O. Address Van Buren

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.