

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045761

Dr. Morton  
FILED VS JAN 9 1961

128

Primary Registration District No. 2000

Registrar's No. 1286 B

STATE FILE NUMBER

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		Length of stay in 1b <b>50 YRS.</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BURGE HOSP.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1155 PENNSYLVANIA</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>RUSSELL</b> Middle <b>M,</b> Last <b>SHUPE</b>				4. DATE OF DEATH Month <b>DEC.</b> Day <b>24</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>6/9/85</b>		9. AGE (last birthday) <b>75</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED TRUCK DRIVER</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>FRISCO TRANS.CO.</b>		11. BIRTHPLACE (City and state or country) <b>COLUMBUS, OHIO</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>JACOB SHUPE</b>				13b. MOTHER'S MAIDEN NAME <b>ARTIMISA CONRAD</b>				14. NAME OF HUSBAND OR WIFE <b>ELLIE SHUPE</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>				16. SOCIAL SECURITY NO. <b>91-03-4487</b>		17. INFORMANT Address <b>MRS. ELLIE SHUPE, SPRINGFIELD, MO.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <b>Acute Pulmonary Edema</b>										<b>36 hours</b>			
DUPLICATE (b) <b>Arteriosclerotic Heart Disease</b>										<b>2 years</b>			
DUPLICATE (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 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.		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		COUNTY		STATE			
21. I attended the deceased from <b>Jan. 1952</b> to <b>Dec. 24, 1960</b> and last saw her/him alive on <b>Dec. 24, 1960</b> Death occurred at <b>8:20 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Doctor or title) <b>Paul C. Morton M.D.</b>						22b. ADDRESS <b>Springfield - Mo</b>			22c. DATE SIGNED <b>1-3-61</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>12/28/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>WHITE CHAPEL</b>			23d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>						
24. FUNERAL DIRECTOR ADDRESS <b>H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.</b>				25. DATE RECD. BY LOCAL REG. <b>1-3-61</b>		26. REGISTRAR'S SIGNATURE <b>Ellie S. Metton</b>							

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 10 1961

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. H. McCon*

Licensed Embalmer No. 12712

P. O. Address *Springfield*

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.