

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-012837
STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

Registration District No. 43 Primary Registration District No. 3017 Registrar's No. 24

FILED MAY 1 1961

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY TEXAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN CABOOL	
Length of stay in 1b 2 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		d. STREET ADDRESS (If outside, give location) BOX 167	
3. NAME OF DECEASED (Type or print) First HARRISON Middle MCKINLEY Last RUPE		4. DATE OF DEATH Month APRIL Day 11 Year 1961	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/12/89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED AUTOMOBILE WORKER		10b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILE	11. BIRTHPLACE (City and state or country) KIRKSVILLE, MO.
13a. FATHER'S NAME GEORGE W. RUPE		13b. MOTHER'S MAIDEN NAME NANCY BUTCHER	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE.			INTERVAL BETWEEN ONSET AND DEATH 5 DAYS
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.)	
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.) VA	20f. CITY, TOWN, OR LOCATION POPLAR BLUFF	COUNTY	STATE
21. Attended the deceased from April 9, 1961 to April 11, 1961 and last saw her him alive Death occurred at 3:02 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert S. Cohen</i> ROBERT S. COHEN, M.D., Chief, Medical Svc.		22b. ADDRESS VA Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED 4/14/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-13-61	23c. NAME OF CEMETERY OR CREMATORY City Cem.	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 4-28-1961	26. REGISTRAR'S SIGNATURE <i>Shelma Graham</i>	

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 Charles E. Mung

Licensed Embalmer No. 4877
P. O. Address Cedar Bluff,

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.