SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 163 STATE FILE NUMBER 61-016907

AMENDED

FILED JUN 6 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON CITY, MO.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST MARYS HOSPITAL
Inside Limits: Yes ☐ X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: COLE
c. CITY OR TOWN: JEFFERSON CITY, MO.
Inside Limits: Yes X ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1129 D HIGH
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: ARELIA Middle: BABARA Last: RUPRECHT

4. DATE OF DEATH Month: MAY Day: 23 Year: 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6/25/92

9. AGE (last birthday): 68

IF UNDER 1 YEAR: Months: 10 Days: 28
IF UNDER 24 HR: 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): Herron Lake Minn.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Rudolph Merz

13b. MOTHER'S MAIDEN NAME: Alvine Meier

14. NAME OF HUSBAND OR WIFE: William Ruprecht

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: William Ruprecht Address: J C 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): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 8 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Post Surgical. total cystectomy for Cancer 3 Yrs of urinary bladder.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 May 8 - 1961 to May 23 - 1961 and last saw her/him alive on May 23 1961
Death occurred at 4:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William A Cox MD

22b. ADDRESS: Jefferson City Mo.

22c. DATE SIGNED: May 26 1961

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

23b. DATE: 5/26/61

23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cmetery

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

24. FUNERAL DIRECTOR: Sylvester Duelle ADDRESS: J C Mo

25. DATE RECD. BY LOCAL REG.: 26 May 1961

26. REGISTRAR'S SIGNATURE: R.P. Harris, MD M Richter MD

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Sylvester Spulle

Signature of Student Embalmer

Licensed Embalmer No. 4321

P. O. Address Jefferson City

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.