

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED FEB 14 1949

BIRTH NO. 49-001859 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 262

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>19 hr. 23 min.</u>		d. STREET ADDRESS (If rural, give location) <u>1710 East 8th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sandra</u> b. (Middle) <u>Jean</u> c. (Last) <u>Cupps</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>1/5/49</u>
9. AGE (In years last birthday) <u>19</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>23</u>	IF UNDER 48 HRS. Hours <u>19</u> Mins. <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Carl Cupps</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Katherine Palluck</u>	
14. NAME OF HUSBAND OR WIFE <u>--</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. C. Cupps</u> ADDRESS <u>1710 E. 8th - K.C. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxemia</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES <i>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
DUE TO (b) <u>Respiratory failure</u>			
DUE TO (c) <u>Prematurity (10 weeks premature)</u>			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>of newborn</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>773.5</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5:22 AM 1-6, 19 49</u> , to <u>12:45 AM 1-6, 19 49</u> , that I last saw the deceased alive on <u>January 6, 19 49</u> , and that death occurred at <u>12:45 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul A. Gempel M.D.</u>		23b. ADDRESS <u>315 Alameda Rd.</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>1/7/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hospital</u>		24d. LOCATION (City, town, of county) (State) <u>44th &amp; Millcreek, K.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-19-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Luke's Hosp.</u>		ADDRESS <u>(retained) K.C. Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.

Signed.....

Signed.....  
Student Embalmer

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 this body is not embalmed, fact should be so stated above.