

No. 300
10.48

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14596
23

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6179 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Sullivan Co		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before institution). a. STATE MO b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Jackson Twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural Fallock Mo 3	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If inst., give location) Fallock, Mo (Jackson)	
d. FULL NAME OF (If inst., hospital or institution, give street address or location) Fallock Mo 1			

3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) MARGA c. (Last) HOWARD	4. DATE OF DEATH (Month) (Day) (Year) Apr 21-49
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 25-59	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Month Day	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Putnam WV	12. CITIZEN OF WHAT COUNTRY US
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13a. FATHER'S NAME Asa Lupton	13b. MOTHER'S MAIDEN NAME Eleanor Langman	14. NAME OF HUSBAND OR WIFE
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Eustace Howard	18. ADDRESS Fallock
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days 7 years 3.3 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis & hypertension DUE TO (c) Senile debility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Mar 3, 1946 to April 21, 1949, that I last saw the deceased alive on April 21, 1949, and that death occurred at 10:45 m., from the causes and on the date stated above.

23a. SIGNATURE Chas L Ludd	(Degree or title) D.O.	23b. ADDRESS Iruenille MO	23c. DATE SIGNED 4/24/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr 24-49	24c. NAME OF CEMETERY OR CREMATORY Lupton Cem.	24d. LOCATION (City, town, or county) (State) Putnam Co. Mo
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DATE REC'D BY LOCAL REG. May 2-1949	REGISTRAR'S SIGNATURE Mrs. H. B. Harrison	320	25. FUNERAL DIRECTOR'S SIGNATURE F. O. Husted	ADDRESS Iruenille MO
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Genl. Health Ontario No
MAY 10 1949

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 Marcel E. Hurstel

Signed.....
Student Embalmer

Licensed Embalmer No. 3304

P. O. Address Hammondville, Que.

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.