No. 300
10-48

FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 16900

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 127

**1. PLACE OF DEATH**
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 506 W. Rollins

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
d. STREET ADDRESS (If rural, give location) 506 W Rollins

**3. NAME OF DECEASED** (Type or Print) a. (First) William b. (Middle) S. c. (Last) Cupp

**4. DATE OF DEATH** (Month) June (Day) 8th (Year) 1949

**5. SEX** Male

**6. COLOR OR RACE** White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married

**8. DATE OF BIRTH** Nov. 20th 1872

**9. AGE** (In years last birthday) 77 | IF UNDER 1 YEAR Months 6 Days 18 | IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Retired Farmer

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (State or foreign country) Mo

**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME** William Cupp

**13b. MOTHER'S MAIDEN NAME** Martha Crew

**14. NAME OF HUSBAND OR WIFE** Viola

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**

**17. INFORMANT'S SIGNATURE OR NAME** Mrs Viola Cupp. ADDRESS Moberly Mo

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Hypertensive Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

443X

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☐ NO ☒

**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) Moberly (COUNTY) Randolph (STATE) Mo

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June 8, 1948, *to* June 8, 1949, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 7 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) [signature] DO

**23b. ADDRESS** Moberly Mo

**23c. DATE SIGNED** 6/1949

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial

**24b. DATE** June 9th 1949

**24c. NAME OF CEMETERY OR CREMATORY** Oakland

**24d. LOCATION** (City, town, or county) Moberly (State) Mo

**DATE REC'D BY LOCAL REG.** June 9-49

**REGISTRAR'S SIGNATURE** Leah William Lowe 264

**25. FUNERAL DIRECTOR'S SIGNATURE** Mahan and Son. ADDRESS Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 1
District File Number 6-49-L
Date Filed JUN 13 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 .....

A ....., Student Embalmer No. .....,

working under my personal supervision.

Student ..... Student Embalmer

Signed Frank D. Keith

Licensed Embalmer No. 3121

P. O. Address Mobaly Mo

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.