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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1949

State File No. 31154

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5816 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <b>Morgan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Richland Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Richland Township</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>2 Miles S.E. of Florence, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 Miles S.E. of Florence</b>		e. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 Miles S.E. of Florence, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUISA</b> b. (Middle) <b>LOTTIE</b> c. (Last) <b>SCHUPP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 20 1949</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Jan 19, 1861</b>		9. AGE (In years last birthday) <b>88</b>		10. IF UNDER 1 YEAR Days <b>8</b>	
11. IF UNDER 1 YEAR Hours <b>1</b>		12. IF UNDER 1 MIN. Minutes <b>0</b>		13. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>Pyrmont, Missouri.</b>	

13a. FATHER'S NAME <b>Chris Schupp</b>		13b. MOTHER'S MAIDEN NAME <b>Dorathy Munsterman</b>		14. NAME OF HUSBAND OR WIFE <b>Ferdinand Schupp</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Ernest Duvel, Florence, Mo.</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>231A</b>	

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)		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 **29 July, 1948**, to **20 Sept, 1949**, that I last saw the deceased alive on **19 Sept, 1949**, and that death occurred at **2:10 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>P. Siegel M.D.</b>		(Degree or title)		23b. ADDRESS <b>Smithton, Mo</b>		23c. DATE SIGNED <b>9-20-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 22 49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Florence Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Florence, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Sept. 28th 1949</b>		REGISTRAR'S SIGNATURE <b>Wm L. Ripberger</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. L. Steverson</b>		ADDRESS <b>Stover, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. \_\_\_\_\_  
District File Number 9-49-11  
Date Filed 10-3-49

**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 .....  
Student Embalmer .....

Signed J. L. Stevinson  
Licensed Embalmer No. 4073

P. O. Address Stover, Missouri.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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