No. 300
10.48

FILED OCT 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32651
State File No.

BIRTH NO. REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 30.71 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater
c. LENGTH OF STAY (In this place): 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater
d. STREET ADDRESS (If rural, give location): 211 1/2 N Elm St

3. NAME OF DECEASED (Type or Print): a. (First) Lonella b. (Middle) — c. (Last) Ruppert
4. DATE OF DEATH (Month) (Day) (Year): 9-26-49
5. SEX: Female
6. COLOR OR RACE: White
7. ~~MARRIED, NEVER MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: Dec 3-1878
9. AGE (In years last birthday): 70-9-23 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Near Slater, Saline Co Mo
12. CITIZEN OF WHAT COUNTRY? U S
13a. FATHER'S NAME: Osmond Hyp
13b. MOTHER'S MAIDEN NAME: Fanna Campbell
14. NAME OF HUSBAND OR WIFE: —
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.:
17. INFORMANT'S SIGNATURE OR NAME: Clayton Ruppert — ADDRESS: Slater Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis [redacted] — INTERVAL BETWEEN ONSET AND DEATH: Years.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial failure — 3 days.
DUE TO (b) Essential hypertension — years.
DUE TO (c) Chronic Nephritis — 1 year
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 ☐ 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) (COUNTY) (STATE):
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* Dec. 1937, *to* Sept. 26, 1949, *that I last saw the deceased alive on* Sept. 25, 1949, *and that death occurred at* 12:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. A. McTurney (Degree or title) M.D.
23b. ADDRESS: Slater, Mo.
23c. DATE SIGNED: 9/26/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-27-49
24c. NAME OF CEMETERY OR CREMATORY: Slater City Cemetery
24d. LOCATION (City, town, or county) (State): Slater Mo

DATE REC'D BY LOCAL REG.: 9-27/49
REGISTRAR'S SIGNATURE: Mrs. Earl C. Metz
25. FUNERAL DIRECTOR'S SIGNATURE: John A. Sager — ADDRESS: Slater Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 3

District Health Officer No. 1,

District File Number

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 James E Jon

Licensed Embalmer No. 3/43

P. O. Address Slater 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.