

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34062

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 393

1. PLACE OF DEATH
a. COUNTY LINN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY LINN

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARCELINE c. LENGTH OF STAY (in this place)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin 0580

d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hospital

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) EYERETT b. (Middle) LEROY c. (Last) GUPTON

4. DATE OF DEATH (Month) (Day) (Year) Oct. 10, 1950

5. SEX MALE

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH Aug 31, 1898

9. AGE (In years last birthday) 52 if UNDER 1 YEAR Days 9 if UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Genl. Egg & Poultry Trader

10b. KIND OF BUSINESS OR INDUSTRY BAKER BROS.

11. BIRTHPLACE (State or foreign country) Linn Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Governor Jackson Gupton

13b. MOTHER'S MAIDEN NAME Annie Cunningham

14. NAME OF HUSBAND OR WIFE

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. 488-14-9402

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Effie Stonecipher, New Cambria

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) Basilar Skull Fracture
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
2 1/2
88194
37

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 (Specify) Accident Highway 36

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 6, 1950 12:00 PM

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

21f. HOW DID INJURY OCCUR? Automobile Acc.

22. I hereby certify that I attended the deceased from 10-9, 1950, to 10-11, 1950, that I last saw the deceased alive on 10-11, 1950 and that death occurred at 4 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Smith M.D.

23b. ADDRESS Marceline, Mo

23c. DATE SIGNED 10-11-50

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

24b. DATE Oct. 12, 1950

24c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY

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

DATE REC'D BY LOCAL REG. Oct 11, 1950

REGISTRAR'S SIGNATURE Mary Jane Owens

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pharran Funeral Home, Bucklin Mo

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

5581 ✓

Date Received: OCT 19 1960
DISTRICT HEALTH OFFICE #
District File Number 10-50-
Date Filed OCT 26 1960

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 _____

Licensed Embalmer No. 4037

P. O. Address Bucklin

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.