

FILED FEB 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1461**

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>52</u>			
1. PLACE OF DEATH a. COUNTY <u>JASPER</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>JOPLIN</u> c. LENGTH OF STAY (in this place) <u>2 WKS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u> d. STREET ADDRESS (If rural, give location) <u>2509 WINDSOR</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u> b. (Middle) _____ c. (Last) <u>CUPP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 1 1951</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT 11, 1883</u>		9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>EXPRESS MAN</u>			
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN W. CUPP</u>		13b. MOTHER'S MAIDEN NAME <u>EVA MILLER</u>			
14. NAME OF HUSBAND OR WIFE <u>BERTHA CUPP</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>BERTHA CUPP</u> ADDRESS <u>JOPLIN, MO</u>			
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 <u>7 years</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u>				ANTECEDENT CAUSES				DUE TO (b) <u>unknown</u>	
DUE TO (c) <u>unknown</u>				II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>1-15</u> <u>1951</u> to <u>2-1</u> <u>1951</u> , that I last saw the deceased alive on <u>2-1</u> <u>1951</u> , and that death occurred at <u>3:35 p.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>E. L. Alenty, m.d.</u> (Degree or title)			
23b. ADDRESS <u>410 Jackson, Joplin, Mo</u>		23c. DATE SIGNED <u>2-2-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 5, 1951</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>OSARK MEM. PARK</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u>		DATE REC'D BY LOCAL REG. <u>2-2-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>JOPLIN</u>							

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

Dr. Alenty

RECEIVED 2-13-51
Jasper County Health Office

County File Number 51-2-103

Date Filed 2-13-51

MAR 14 1951

JUN 18 1951

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 _____

Shirley C. McCall Student Embalmer No. 398
working under my personal supervision.

Student *Shirley C. McCall*
Student Embalmer

Signed *Dale Glover*

Licensed Embalmer No. 4593

P. O. Address *Joplin, 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.