S. No. 300
v. 10.48

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5651

BIRTH NO. 3341-51 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 28

0850

1. PLACE OF DEATH
a. COUNTY: PULASKI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WAYNESVILLE
c. LENGTH OF STAY (In this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DEWITT HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: PULASKI
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WAYNESVILLE 0850
d. STREET ADDRESS (If rural, give location): NONE

3. NAME OF DECEASED (Type or Print) a. (First): MICHELL b. (Middle): YVONNE c. (Last): LUPARDUS

4. DATE OF DEATH (Month) FEB (Day) 3 (Year) 51

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: FEB 1 1951
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 2; 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: NONE
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: W H LUPARDUS
13b. MOTHER'S MAIDEN NAME: GENEVIEVE SIMPSON
14. NAME OF HUSBAND OR WIFE: NONE

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: W H LUPARDUS

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) Acute glomerulo-nephritis. — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ?
DUE TO (c) — 7691

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hyperglycemia - Maternal Diabetes. 2 day

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* 2-1, 1951, *to* 2-3, 1951, *that I last saw the deceased alive on* 2-3, 1951, *and that death occurred at* 1.54 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eugene J. Gershon DO
23b. ADDRESS: Waynesville Mo.
23c. DATE SIGNED: 2-10-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB 5 1951
24c. NAME OF CEMETERY OR CREMATORY: ELDON CEMETERY
24d. LOCATION (City, town, or county) (State): ELDON MO.

DATE REC'D BY LOCAL REG.: 2-23-51
REGISTRAR'S SIGNATURE: Thelma C. Buckthorpe 389
25. FUNERAL DIRECTOR'S SIGNATURE: L. D. Kelly
ADDRESS: Eldon

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-23-51
Pulaski County Health Officer
File Number
Date Filed 2-23-51

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 .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed Ernest L Young

Signed .....
Student Embalmer

Licensed Embalmer No. 4785

P. O. Address Eldon, 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.