

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19363**

FILED JUN 17 1952

BIRTH NO. _____		REG. DIST. NO. 31		PRIMARY REG. DIST. NO. 4040		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY Benton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cole Camp			c. LENGTH OF STAY (in this place) 10 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cole Camp			d. STREET ADDRESS (If rural, give location) ---
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Thomas c. (Last) Lupton				4. DATE OF DEATH (Month) (Day) (Year) June 5th 1952			
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Nov. 26th 1869		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 5 Days 10	IF UNDER 24 HRS. Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Thomas Lupton		13b. MOTHER'S MAIDEN NAME Agnes Harvouch		14. NAME OF HUSBAND OR WIFE John L Lupton			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John L Lupton Kansas City Mo					
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) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Atherosclerosis & Heart Enlargement DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Compulsive heart failure						INTERVAL BETWEEN ONSET AND DEATH 2 min.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201					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) (Min.)		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 June 4, 1952 , to June 5, 1952 , that I last saw the deceased alive on June 5, 1952 , and that death occurred at 11:05 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) Harold B. Wacker, Jr.				23b. ADDRESS Lincoln Mo.		23c. DATE SIGNED June 8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input type="radio"/>	24b. DATE June 8th 1952	24c. NAME OF CEMETERY OR CREMATORY rage Cemetery		24d. LOCATION (City, town, or county) (State) Henry County Missouri			
DATE REC'D BY LOCAL REG. June 8 1952	REGISTRAR'S SIGNATURE E L Eickhoff 394			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E L Eickhoff Cole Camp Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 E. L. Eichhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.