

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6865

FILED MAR 11 1953

BIRTH NO.

REG. DIST. NO. 209

PRIMARY REG. DIST. NO. 3043

Registrar's No. 91

1. PLACE OF DEATH

a. COUNTY

Marion

2. USUAL RESIDENCE (Where deceased lived; if institution; residence before admission)

a. STATE

Missouri

b. COUNTY

Marion

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

Hannibal

c. LENGTH OF STAY (In this place)

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

Hannibal-R#3

0643

d. FULL NAME OF HOSPITAL OR INSTITUTION

Becky Thatcher Nursing Home

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)

Adam

a. (First)

711 Church Middle

c. (Last)

Rupp

4. DATE OF DEATH (Month) (Day) (Year)

Feb 26-1953

5. SEX

Male

6. COLOR OR RACE

White

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

Widowed

8. DATE OF BIRTH

3/20/1872

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 Hrs. Hours Min.

80

11

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

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

Adams Co. Illinois

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

John Rupp

13b. MOTHER'S MAIDEN NAME

Theresa Synder

14. NAME OF HUSBAND OR WIFE

Rosina Rupp

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.

17. INFORMANT'S SIGNATURE OR NAME

ADDRESS

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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.

MEDICAL CERTIFICATION

atherosclerosis heart disease

INTERVAL BETWEEN ONSET AND 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) (Min.)

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 Jan 1, 1952, to Feb 26, 1953, that I last saw the deceased alive on Feb 26, 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE

America Rupp

(Degree or title)

23b. ADDRESS

Hannibal Mo.

23c. DATE SIGNED

3-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

2/28/1953

24c. NAME OF CEMETERY OR CREMATORY

Grand View Burial Pk

24d. LOCATION (City, town, or county)

Hannibal, Marion, Mo.

(State)

DATE REC'D BY LOCAL REG.

3/2/53

REGISTRAR'S SIGNATURE

McFisher

25. FUNERAL DIRECTOR'S SIGNATURE

A. J. McDonnell

ADDRESS

Hannibal Mo.

RECEIVED
MARION CO. HEALTH DEPT.
DATE FILED MAR 10 1958

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 L. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Marion, 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.