

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34729**

FILED SEP 25 1953

No. 300
10.48

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

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4476 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Schuyler</u>	
b. CITY OR TOWN <u>Downing</u>		c. LENGTH OF STAY (In this place)	
c. CITY OR TOWN <u>Downing</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. LENGTH OF STAY (In this place)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hettie</u> b. (Middle) <u>Mae</u> c. (Last) <u>Schupbach</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 22, 1902</u>
9. AGE (In years last birthday) <u>50</u>		10. IF UNDER 1 YEAR Days <u>8</u> Hours <u>27</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Schuyler Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David L. Ayer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Johnson</u>	
14. NAME OF HUSBAND <u>Elmer Schupbach</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & date of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Schupbach</u> ADDRESS <u>Downing, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Ulcerative Colitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic ulcerative colitis</u> <u>10 years</u>	
DUE TO (c)			
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 <u>5722</u>	
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) m.		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>August 31, 1953</u> , to <u>Sept. 19, 1953</u> , that I last saw the deceased alive on <u>Sept. 18, 1953</u> , and that death occurred at <u>12:35 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. R. Stoker, D.O. 2</u>		23b. ADDRESS <u>Lancaster, Missouri</u>	
23c. DATE SIGNED <u>Sept. 19, 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-21-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lancaster</u>		24d. LOCATION (City, town, or county) (State) <u>Lancaster Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 22-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. L. Drake</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. R. L. Drake</u>		ADDRESS <u>More Funeral Home Downing, Mo.</u>	

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.

Signed _____

C. D. Payne

Signed _____
Student Embalmer

Licensed Embalmer No. *2196*

P. O. Address *Memphis, 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.