

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38046**

FILED NOV 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>552</u>		PRIMARY REG. DIST. NO. <u>6191</u>		Registrar's No. <u>824</u>	
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> COUNTY <u>Taney</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Jasper Twsp.</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 Mths.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Jasper Twsp.</u> <u>1060</u>		d. STREET ADDRESS (If rural, give location) <u>Taney</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) <u>Mary</u> (Type or Print)		b. (Middle) <u>E.</u>		c. (Last) <u>Cupp</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 17, 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 7, 1868</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months Days		IF UNDER 28 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Melton Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Houser</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Purnie Stone, Reeds Springs, 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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u> ANTECEDENT CAUSES <u>General arteriosclerosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>unk.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>331X</u>			
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>11 Oct, 1953</u> , to <u>17 Oct, 1953</u> , that I last saw the deceased alive on <u>11 Oct, 1953</u> and that death occurred at <u>4 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.C. Wagner M.D.</u>				23b. ADDRESS <u>Granson, Mo.</u>		23c. DATE SIGNED <u>10/23/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 20, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spokane Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Christian, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10/30/53</u>		REGISTRAR'S SIGNATURE <u>S. C. Cogswell</u> <u>376</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. B. Chaffin Ozark, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

**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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark MO

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.