

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43994

State File No. _____
Registrar's No. 28

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3058

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. LENGTH OF STAY (in this place) <u>40 yr</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Colonial Nursing Home</u>		c. CITY OR TOWN <u>St. Charles</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS (If rural, give location) <u>Colonial Nursing Home</u>		<u>0923</u> <u>0</u>			
3. NAME OF DECEASED a. (First) <u>DORA</u> b. (Middle) _____ c. (Last) <u>RUPP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 28, 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>Aug. 15, 1879</u>		
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cottleville, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Louis Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kessler</u>			
14. NAME OF HUSBAND OR WIFE <u>Phillip Rupp</u>					
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. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Roy Rupp, St. Charles, Missouri</u> ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized carcinomatosis</u></p> <p>ANTECEDENT CAUSES</p> <p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Primary carcinoma of the rectum</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</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>154X</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>Sept 11</u> , 1950, to <u>Dec 28</u> , 1953, that I last saw the deceased alive on <u>Dec 28</u> , 1953, and that death occurred at <u>12 A.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>M.D. 114 N. Main St. St. Chas., Mo.</u>			
23c. DATE SIGNED <u>12-30-53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 31, 1953</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Dec 31 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>St. Charles, 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..

Student.....
Signature of Student Embalmer

Signed..... *Clarence M. Billa*

Licensed Embalmer No. *4375*

P. O. Address *St. Charles, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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