No. 300
10.48

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

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22159

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 844

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 46 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
d. STREET ADDRESS (If rural, give location): 207 East Highland Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): THEODORE
b. (Middle):
c. (Last): KUPPER

4. DATE OF DEATH (Month) July (Day) 28 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 23, 1863
9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months | Days
IF UNDER 1 HR.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Heelden Germany
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Herman Kupper
13b. MOTHER'S MAIDEN NAME: Johanna Ostendorf
14. NAME OF HUSBAND OR WIFE: Caroline Kupper (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Wilbur Story
ADDRESS: St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular Accident + Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Approx 18 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIO SCLEROSIS — UNKNOWN
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* RIB FRACTURES FROM FALL — 14 DAYS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331XF
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): St. Joseph (COUNTY): Buchanan (STATE): Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 13, 1954 ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell in home.

22. *I hereby certify that I attended the deceased from* 8-7, 1952, *to* 7/28, 1954, *that I last saw the deceased alive on* 7/28, 1954, *and that death occurred at* 5:55 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Orville L. Lamson
(Degree or title): MD
23b. ADDRESS: 302 FARAON ST. JOSEPH MO
23c. DATE SIGNED: 7/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 31, 1954
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

DATE REC'D BY LOCAL REG.: Aug. 2, 1954
REGISTRAR'S SIGNATURE: Esther M. Allison by Inez P. Balmer Dep. Reg.
FUNERAL DIRECTOR'S SIGNATURE: Stamey Funeral Home
ADDRESS: St. Joseph, Mo

485 — (Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4627

P. O. Address St. Joseph Mo

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

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