

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

22961

State File No.

FILED JUL 23 1954

2973

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2973

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY JOHNSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | c. CITY OR TOWN MISSION | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) _____ | | e. STREET ADDRESS (If rural, give location) 5226 LAMAR | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARYS HOSPITAL | | | |

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|--|-------------------------------|---|--|--|-----------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) ERVIN c. (Last) Cupp | | | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 26 1954 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER 2 | 8. DATE OF BIRTH JULY 2 1881 | 9. AGE (In years last birthday) 73 72 | # UNDER 1 YEAR Months _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frisco Employee | | 10b. KIND OF BUSINESS OR INDUSTRY retired | 11. BIRTHPLACE (City and State or Foreign Country) A | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|--|---------------------------------|--|
| 13a. FATHER'S NAME _____ | 13b. MOTHER'S MAIDEN NAME _____ | 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) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME WILLARD O. CUPP ADDRESS MISSION KANSAS |

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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 9 1/2 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Pyelonephritis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe Burns DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident | 21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mission Johnson Kansas |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-10-54 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Couch caught fire while lighting a pipe |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|---|---|--|
| 23a. SIGNATURE Richard C. Schaffer (Degree or Title) MB | 23b. ADDRESS St Marys Hosp. K.C. Mo. 6-26-54 | 23c. DATE SIGNED _____ |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE _____ | 24c. NAME OF CEMETERY OR CREMATORY Olathe Cemetery |
| | | 24d. LOCATION (City, town, or county) (State) Olathe Kansas |

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|---|--|---|
| DATE REC'D BY LOCAL REG. 6-30-54 | REGISTRAR'S SIGNATURE Geraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE H E Julien ADDRESS Olathe Kansas |
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(Licensed Embalmer's Statement on Reverse Side)

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

Received

1040

STATEMENT BY LICENSED EMBALMER

1040

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 *Chester L. Fleming*

Licensed Embalmer No. ~~4564~~
4564

P. O. Address *Olathe, 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.