

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27942

State File No. _____

FILED AUG 17 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 393

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	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) 12 HRS		e. STREET ADDRESS (If rural, give location) 1519 MISSOURI AVE.	
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) ETHEL c. (Last) CUPP			4. DATE OF DEATH (Month) (Day) (Year) AUG. 8, 1954
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR. 14, 1875
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) PLAINFIELD, INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JESSE M. LACY	13b. MOTHER'S MAIDEN NAME RACHEL WHIPPO
14. NAME OF HUSBAND OR WIFE CARL H. CUPP, DEC'D		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. A. G. HOWARD, 305 BROWNELL AVE.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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) (Min)	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>May 10, 1954</u> , to <u>Aug 8, 1954</u> , that I last saw the deceased alive on <u>Aug. 8, 1954</u> , and that death occurred at <u>4:40p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE John W. Koehler MD		23b. ADDRESS 805 Frisco Bldg. Joplin Mo	23c. DATE SIGNED 8/10/54
24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE 8-11-54	24c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
DATE REC'D BY LOCAL REG. 8-12-54	REGISTRAR'S SIGNATURE By [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO	

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

RECEIVED AUG 16 195
Jasper County Health Office
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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 *F. M. Jones*.....
Licensed Embalmer No. 231
P. O. Address *Joplin*.....

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.