

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34007

State File No.

4808

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	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) 3 1/2 yrs.		STREET ADDRESS (If rural, give location) 42 2722 Tracy	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) JACK	a. (First)	b. (Middle) C.	c. (Last) LUPARDUS	4. DATE OF DEATH (Month) (Day) (Year) 10 16 54
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/17/1897	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 2 Days 29	IF UNDER 24 HRS. Hours 2 Mins.
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10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) Cab Drive - 12 yrs.	10b. KIND OF BUSINESS OR INDUSTRY Yellow Cab Co.	11. BIRTHPLACE (City and State or Foreign Country) ULLMAN, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME Rachel Lupardus	14. NAME OF HUSBAND OR WIFE Anne L. Lupardus
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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. 487-07-4024	17. INFORMANT'S SIGNATURE OR NAME Anne L. Lupardus ADDRESS 2722 Tracy
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic bronchial asthma		INTERVAL BETWEEN ONSET AND DEATH 15 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Congestive failure		2 weeks
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			241X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10-14, 1954, to 10-15, 1954 that I last saw the deceased alive on 10-15, 1954, and that death occurred at 10-16 am., from the causes and on the date stated above.

23a. SIGNATURE Michael Bernreiter (Degree or title)	23b. ADDRESS 436 Professional Bldg	23c. DATE SIGNED 10-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/19/54	24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET	24d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.
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DATE REC'D BY LOCAL REG. 10-16-54	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-MoGilley-Eylar-Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Michael Bernreiter MD

*Mr. K. ...
No. 0236
Prof. ...*

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 *James E. Hackleman*
Licensed Embalmer No. *4573*

P. O. Address *R.C.M.*

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.