

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JAN 12 1955

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4507 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crane</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crane</u> <u>1040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>W</u> c. (Last) <u>Cupp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 24-1954</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 3-1869</u>	9. AGE (In years last birthday) <u>85</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>21</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Janey Co. Missouri</u>
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Tennessee Cupp</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Cupp</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leonard Cupp Crane Mo</u>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>491X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Dec 16, 1954 to Dec 23, 1954, that I last saw the deceased alive on Dec 23, 1954, and that death occurred at 2:10 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Hammack M.D.</u> (Degree or title)	23b. ADDRESS <u>Crane, Mo</u>	23c. DATE SIGNED <u>Dec 27-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>12/27/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olive</u>	24d. LOCATION (City, town, or county) (state) <u>Laurens Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 27-54</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Brossier</u> <u>317-6</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George H. Moulton Crane Mo</u>
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Per Lena Murray (Licensed Embalmer's Statement on Reverse Side)

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

FEB 21 1962

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, ~~wholly~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

George H. Manlove

Licensed Embalmer No. 3827

P. O. Address Crane 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 this body is not embalmed, fact should be so stated above.