300
48

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

FILED FEB 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1455

BIRTH NO. ____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Jasper 3
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St John's Hospital D.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Neck City
Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0490

3. NAME OF DECEASED (Type or Print)
a. (First): Charley
b. (Middle): Herman
c. (Last): Shupp

4. DATE OF DEATH (Month) (Day) (Year): 2-3-1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 17 1909
9. AGE (In years last birthday): 45 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (City and State or Foreign Country): Purcell, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charley L. Shupp
13b. MOTHER'S MAIDEN NAME: Don't Know
14. NAME OF HUSBAND OR WIFE: Florence.

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.:
17. INFORMANT'S SIGNATURE OR NAME: Florence Shupp
ADDRESS: Neck City, 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): Suffocation, due to conflagration

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.

E9160
160

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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.): House
21c. (CITY, TOWN, OR TOWNSHIP): Joplin (COUNTY): Jasper (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-3-55 10:40 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: House caught on fire all means of escape blocked

22. *I hereby certify that I attended the deceased from* (Did not attend), 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 1:40 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Wilmer Arb Coroner Jasper County (Degree or Title)
23b. ADDRESS: Joplin Mo
23c. DATE SIGNED: 2-7-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/8/1955
24c. NAME OF CEMETERY OR CREMATORY: Purcell Cem
24d. LOCATION (City, town, or county): Purcell (State): Mo

DATE REC'D BY LOCAL REG.: 2-9-55
REGISTRAR'S SIGNATURE: Mrs Sheila Lamkinson
25. FUNERAL DIRECTOR'S SIGNATURE: Thornhill-Dillon
ADDRESS: Joplin, Mo

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....David Dillon.....

Licensed Embalmer No. 389

P. O. Address Joplin M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.