

FILED FEB 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5498**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **315** PRIMARY REG. DIST. NO. **3037** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY <b>LINN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>LINN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>MARCELINE</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>MARCELINE 0581</b>	
c. LENGTH OF STAY (in this place) <b>7 YR.</b>		d. STREET ADDRESS (If rural, give location) <b>N. KANSAS AVE. 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>N. KANSAS AVE</b>			
3. NAME OF DECEASED (Type or Print) <b>ABSOLOM</b>		c. (Last) <b>CUPP</b>	
a. (First)		b. (Middle)	
4. DATE OF DEATH (Month) (Day) (Year) <b>1 30 1955</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Nov 14 1873</b>
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 12 HRS. Days <b>76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SAW MILL OPER.</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Chariton Co MO</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>CHAYBORN CUPP</b>		13b. MOTHER'S MAIDEN NAME <b>MARY POPE</b>	
14. NAME OF HUSBAND OR WIFE <b>Kitty Bell Morris</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Gene Malone</b>		ADDRESS	
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)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>malnutrition</b>		INTERVAL BETWEEN ONSET AND DEATH	
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"/>		<b>2865</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 19, 1955</b> , to <b>Jan 30, 1955</b> that I last saw the deceased alive on <b>Jan 30, 1955</b> and that death occurred at <b>11:00 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Gene Malone MD</b>		23b. ADDRESS <b>Marceline, Mo</b>	
23c. DATE SIGNED <b>Feb 1 1955</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-1-55</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>		24d. LOCATION (City, town, or county) (State) <b>MARCELINE MO</b>	
DATE REC'D BY LOCAL REG. <b>2-1-55</b>		REGISTRAR'S SIGNATURE <b>Mary Jane Redway</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Miller Tillman</b>		ADDRESS <b>Marceline</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1977

**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 .....  
Student Embalmer

Signed Lilburn K. Tildate

Licensed Embalmer No. 4508

P. O. Address Marceline

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.