

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16145

BIRTH NO. _____		REG. DIST. NO. 257		PRIMARY REG. DIST. NO. 5866		Registrar's No. 29		
1. PLACE OF DEATH a. COUNTY OREGON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY OREGON				
b. CITY OR TOWN MYRTLE		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN MYRTLE		0750		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) HERSCHEL			b. (Middle) LEE		c. (Last) CYPRET		4. DATE OF DEATH 5 5 1955	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 11/2/1913		
9. AGE (in years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEMI-SKILL LABOR		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday) 41 11. BIRTHPLACE (City and State or Foreign Country) MISSOURI 0 12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME PIERCE CYPRET			13b. MOTHER'S MAIDEN NAME BARTON			14. NAME OF HUSBAND OR WIFE Lucille CYPRET		
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. 497-18-7361		17. INFORMANT'S SIGNATURE OR NAME Dewey Hensley		ADDRESS ALTON, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis 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.					INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 002X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 type="checkbox"/>		21f. HOW DID INJURY OCCUR				
22. I hereby certify that I attended the deceased from 7-11-1948, to 5-5-1955, that I last saw the deceased alive on 5-6-1955, and that death occurred at 7 p.m., from the causes and on the date stated above.								
23a. SIGNATURE W. D. Cooper, M.D.				23b. ADDRESS Mays, Mo.		23c. DATE SIGNED 5-7-55		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5/7/1955		24c. NAME OF CEMETERY OR CREMATORY Cotton Creek Cemetery		24d. LOCATION (City, town, or county) (State) OREGON COUNTY MO.		
DATE REC'D BY LOCAL REG. 5-14-55		REGISTRAR'S SIGNATURE Arthur Wolff		25. FUNERAL DIRECTOR'S SIGNATURE John D. Clay		ADDRESS Alton Mo		

(I signed Embalmer's Statement on Reverse Side)

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

1 26 12  
[Stamp]

**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 John D. Clark

Licensed Embalmer No. 44757

P. O. Address Box 398 Alton 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.