

FILED OCT 3- 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30364

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 254

1. PLACE OF DEATH a. COUNTY <u>Pitts</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Pilot Grove</u>	
c. LENGTH OF STAY (In this place) <u>15 wks</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethwell Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>4201</u>	

3. NAME OF DECEASED (Type or Print) <u>FRANK-ANTONE - SCHUPP</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1955</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>Widowed</u>	8. DATE OF BIRTH <u>12-1-1882</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR <u>-</u>	11. UNDER 1 YEAR <u>-</u>	12. UNDER 1 YEAR <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clear Creek - Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Schupp</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>deceased Bertha Schupp</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edgar Schupp - Pilot Grove, Mo</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation, Comp</u>		<u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Myocarditis chronic</u>		<u>1 month</u> <u>2 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

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) m.	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 June 20, 1955, to Sept 24, 1955, that I last saw the deceased alive on Sept 23, 1955, and that death occurred at 8:25 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Charles Osborne</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Sedalia Mo</u>	23c. DATE SIGNED <u>9-24-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-28-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Pauls Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-25-55</u>	REGISTRAR'S SIGNATURE <u>Lavina Corry, Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays & Painter</u>	ADDRESS <u>Pilot Grove Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.....
Peyton E. Mayo

Licensed Embalmer No. *307*

P. O. Address *Pilot 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.