

FILED MAR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

8925

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 State File No. _____ Registrar's No. 3025 25

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fayette</u>	c. LENGTH OF STAY (in this place) <u>25 da.</u>	c. CITY OR TOWN <u>Harrisburg</u>	d. Is 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>Lee Hospital</u>		STREET ADDRESS (If rural, give location) _____ <u>0100/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Toalson</u> c. (Last) <u>Rupard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1956</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>Sept. 6, 1868</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work or profession of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Silas Rupard</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Doyle</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Cordelia Watson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 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 <u>Edna Lucilas Nichols</u> ADDRESS <u>Kansas City, Kansas</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of Bowel.</u>	DUE TO (b) <u>of Bowel.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) <u>Carcinoma of Liver?</u>		
	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"/>
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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) (Min.)	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 Jan 15, 1956 to 2-15, 1956, that I last saw the deceased alive on 2-15, 1956, and that death occurred at 2 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Bloom M.D.</u>	23b. ADDRESS <u>Fayette Mo</u>	23c. DATE SIGNED <u>2-18-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2/16/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harrisburg Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisburg, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2/18/56</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. A. Carr</u> ADDRESS <u>Fayette, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

436

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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 *Ralph A. Case*.....

Licensed Embalmer No. *33*.....

P. O. Address *Lafayette*.....

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.