FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16017

5450 State File No.

BIRTH NO. REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 499 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Miller Twn.
c. LENGTH OF STAY (In this place): 50 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 2, McFall, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gentry 0380
c. CITY OR TOWN: McFall
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Nora Irene Lupfer

4. DATE OF DEATH (Month) (Day) (Year): May 19, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 26, 1875
9. AGE (In years last birthday): 80 — If under 1 year: Months, Days; If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Land-Owner
11. BIRTHPLACE (City and State or Foreign Country): Winterset, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Ranson S. Rounds
13b. MOTHER'S MAIDEN NAME: Frances Kenney
14. NAME OF HUSBAND OR WIFE: Thomas F. Lupfer
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 — ADDRESS: Harry S. Lupfer, Rt. #2, McFall, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis agitans — INTERVAL BETWEEN ONSET AND DEATH: 15 years

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 350X
20. AUTOPSY? YES ☐ NO ☑

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): McFall, Gentry Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1940, *to* 5-19, 1956, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank H. Rose M.D.
23b. ADDRESS: Albany Mo.
23c. DATE SIGNED: 5-20-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-21-56
24c. NAME OF CEMETERY OR CREMATORY: McFall Cemetery
24d. LOCATION (City, town, or county) (State): McFall, Mo.

DATE REC'D BY LOCAL REG.: 5-21-56
REGISTRAR'S SIGNATURE: Maude Williams
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Louis Sweet, Pattonsburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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. Lavin Quest

Licensed Embalmer No. 40

P. O. Address Pattonsb

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