

FILED MAY 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17312

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LITTLE PALM SPRING</u>		b. COUNTY <u>Pike</u>	
c. LENGTH OF STAY (in this place) <u>30 days</u>		c. CITY OR TOWN <u>Bowling Green</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Middle Pal Spring Hosp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GARMEH</u> b. (Middle) <u>—</u> c. (Last) <u>KURPY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 19 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>July 24 1897</u>		9. AGE (In years last birthday) <u>68</u>		10. AGE (In years last birthday) <u>68</u> Months <u>9</u> Days <u>12</u>	
10a. USUAL OCCUPATION (Olive kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Pike Co. MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph P Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Luck</u>	
14. NAME OF HUSBAND OR WIFE <u>Happy Kurpy</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Happy Kurpy</u>		18. ADDRESS <u>1710 Harry Kurpy Bowling Green MO</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Tamponade</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Congestive Heart Failure</u> <u>1 year</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Aortic Stenosis</u>		<u>UNKNOWN</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 <u>4211</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Apr. 6th, 1956, to May 6th, 1956, that I last saw the deceased alive on May 6th, 1956, and that death occurred at 9:45 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>David Wilson D.O.</u>		23b. ADDRESS <u>Louisiana, Missouri</u>		23c. DATE SIGNED <u>May 7, 1956</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 9, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Loix Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Pike Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>May 8, 1956</u>		REGISTRAR'S SIGNATURE <u>Bernice Callin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>GRACE BARKHEAD</u>		ADDRESS <u>Bowling Green MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Harold C. Jensen

Licensed Embalmer No. *45*

P. O. Address *Cambridge*
Mo.

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