

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1956

31390

STATE FILE NUMBER

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 317

Health,
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal OR TOWN Hannibal		c. CITY OR TOWN Hannibal Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Levering HOSPITAL OR INSTITUTION		d. STREET ADDRESS 1115 Walnut (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Otto William DuPuis		4. DATE OF DEATH September 11, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 4, 1884
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 7 Days 7	IF UNDER 24 HRS. Hours 7 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Conductor		10b. KIND OF BUSINESS OR INDUSTRY C. B. & Q. R. R.	11. BIRTHPLACE (City and state or country) Fort Madison Iowa
12. CITIZEN OF WHAT COUNTRY? U S A		13. FATHER'S NAME August DuPuis	
14. MOTHER'S MAIDEN NAME Katherine Stucker		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. None		17. INFORMANT Mrs. O. W. DuPuis Address Hannibal Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) D.O.A. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH 15 min.
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 3-14-52 to 9-11-56 and last saw her/him alive on 10-13-53 Death occurred at 4:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. L. Green (Degree or title)		22b. ADDRESS M. D. 100 N. Sixth, Hannibal, Mo.	22c. DATE SIGNED 9-12-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/13/56	23c. NAME OF CEMETERY OR CREMATORY Grand View	23d. LOCATION (City, town, or county) (State) Hannibal Missouri
24. FUNERAL DIRECTOR W. Campbell Smith ADDRESS Hannibal Missouri		25. DATE RECD. BY LOCAL REG. 9-13-56	26. REGISTRAR'S SIGNATURE Dr. Em. Lucke

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 19 1958
MARION CO. HEALTH DEPT.
DATE FILED SEP 19 1958

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 *H. Crawford Smith*

Licensed Embalmer No..... 381

P. O. Address Hannibal, Mis

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.