

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25071

State File No. ....

FILED JUL 31 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. CITY OR TOWN <b>Carthage</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>36 days</b>		e. STREET ADDRESS (If rural, give location) <b>509 W. Macon</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCune-Brooks Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ETHEL</b> b. (Middle) <b>LEE</b> c. (Last) <b>CUPP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 24, 1957</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
8. DATE OF BIRTH <b>Oct. 8, 1883</b>		9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 14 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clerking, Grocery</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Jasper County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>L. V. Cupp</b>		13b. MOTHER'S MAIDEN NAME <b>Ruth Fletcher</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Maude Dewette, 509 W. Macon</b>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis &amp; Aneurysm Fibillation</b> DUE TO (c) <b>Anorexia nervosa Hematuria Cause not determined</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b> <b>unknown</b> <b>4-5 mo.</b> <b>6 wks.</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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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)	
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 9-30, 1952, to 7-24, 1957; that I last saw the deceased alive on 7-24, 1957, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Sharon S. Patterson M.D.</b>		23b. ADDRESS <b>Carthage, Missouri</b>		23c. DATE SIGNED <b>7-27-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-27-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Carthage, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>7-27-57</b>		REGISTRAR'S SIGNATURE <b>Ely Clenton</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Knell Mortuary, Carthage, Missouri</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 4 1957

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..... *Frank W. Krell*

Licensed Embalmer No. 4440

P. O. Address *Carthage*

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.