Health, Welfare Public Service

FILED AUG 23 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28420

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 354

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) INDEPENDENCE — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) INDEPENDENCE SANITARIUM — Length of stay in 1b 3 WEEKS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY Lacrem
c. CITY OR TOWN LEBANON — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) VESTA MOTEL. #66 HIGHWAY — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First FORREST Middle ORAL Last LUPER

4. DATE OF DEATH Month Day Year AUGUST 9 1957

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH JUNE 1 1903
9. AGE (In years last birthday) 54 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY LEBANON MO. VESTA MOTEL
11. BIRTHPLACE (City and state or country) CAINSVILLE, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ALBERT LUPER
13b. MOTHER'S MAIDEN NAME MINERVA JANE SMITH
14. NAME OF HUSBAND OR WIFE MRS. RUTH MARIE LUPER

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 MRS. RUTH MARIE LUPER — Address LEBANON, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Thrown [illegible] R. Pul - artery — INTERVAL BETWEEN ONSET AND DEATH 12 hrs
Hypertensive heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) c [illegible] — 7 days
DUE TO (c) Over weight & Hypertension — 1 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Aug 8, 1957, to Aug 9-1957 and last saw him alive on Aug 9, 1957
Death occurred at 11 Am Aug 9, 1957 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] Allen
22b. ADDRESS First Natal Bank Independence, Mo
22c. DATE SIGNED 8-10-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE AUG-12-1957
23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS — ADDRESS 331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 8-12-57
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

NOV 24 1958

DEC 13 1957

AUG 20 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 Chester K Brown

Licensed Embalmer No. 4931

P. O. Address K. C. Mo

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.