

FILED SEP 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32842  
STATE FILE NUMBER  
158

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 158

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pemiscot</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Ohio</u> b. COUNTY <u>Cuyahoga</u>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Havlic</u> <u>Ohio</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | c. CITY OR TOWN <u>Cleveland</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pemiscot Mem. Hsp.</u> Length of stay in lb <u>1 Hr.</u>  |  | d. STREET ADDRESS (If outside, give location) <u>2346 E. 65th. St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |

|   |                               |  |   |  |  |
|---|-------------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) <u>Robert Lee Rupert-or-Rufus</u>   |                               |  | 4. DATE OF DEATH <u>Sept. 16 1957</u>               |  |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept. 4, 1929</u>               | 9. AGE (In years last birthday) <u>28</u>  | IF UNDER 1 YEAR<br>Months <u>28</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>                  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Steel Plant</u>   |   | 11. BIRTHPLACE (City and state or country) <u>Caruthersville, Mo.</u>            |  |
| 13. FATHER'S NAME <u>Ike Rupert</u>   |                               |  | 14. MOTHER'S MAIDEN NAME <u>Leola Mason Timothy</u> |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korean</u> |                               | 16. SOCIAL SECURITY NO. <u>486 32 6181</u>   |   | 17. INFORMANT <u>Leola Timothy-Caruthersville, Mo</u> Address <u>Rt. 1 Box 6</u> |  |

|  |  |   |
|--|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Compound Fracture of skull</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUO TO (b) <u>Trauma - Auto Accident</u> |   |
|  | DUO TO (c) _____                         |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)                                  |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> |

|  |  |  |
|--|--|--|
| 20a. ACCIDENT <input checked="" 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.)<br><u>Driver in head-on collision</u>           |  |
| 20c. TIME OF INJURY<br>Hour <u>6:30</u> a. m. <u>9-16-57</u>   | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u>U. S. Highway 61 - north of Havlic, Ohio</u> |  |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  | 20f. CITY, TOWN, OR LOCATION <u>Havlic</u>   | COUNTY <u>Pemiscot</u> STATE <u>Missouri</u> |
| 21. I attended the deceased from <u>7:30 AM - 9-16-57</u> to <u>9:30 AM - 9-16-57</u> and last saw <u>him</u> alive on <u>9-16-57</u><br>Death occurred at <u>9:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>Eugene P. Shanahan, M.D.</u>  | 22b. ADDRESS<br><u>Caruthersville, Missouri</u>  | 22c. DATE SIGNED<br><u>9-17-57</u>           |

|   |                             |  |  |
|---|-----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                | 23b. DATE<br><u>9-19-57</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Morgan Ridge Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Caruthersville, Missouri</u> |
| 24. FUNERAL DIRECTOR<br><u>H.S. Smith Funeral Home</u><br><u>Caruthersville, Missouri</u> |                             | 25. DATE RECD. BY LOCAL REG.<br><u>9-21-57</u>                     | 26. REGISTRAR'S SIGNATURE<br><u>John W. Loman</u>                                |

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
1-56

416-0

9-259-57

SEP 23 1957

OCT 2 1957

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

OCT 8 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 *W. Denver Pike* .....

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville*

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.