

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013077

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 1 Primary Registration District No. 500 Registrar's No. 117

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. 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

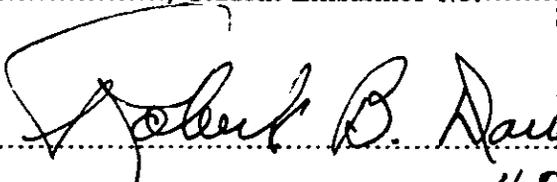
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair 0010	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville-BENTON TWP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Kirksville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION X Length of stay in 1b		d. STREET ADDRESS (If outside, give location) RFD # 5 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William R. Middle Dupree Last		4. DATE OF DEATH Month April Day 6 Year 1958	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> 0 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 2, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY general	9. AGE (In years last birthday) 64 IF UNDER 1 YEAR IF UNDER 24 HRS. Months 8 Days 4 Hours Min.
11. BIRTHPLACE (City and state or country) Adair County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William E. Dupree		14. MOTHER'S MAIDEN NAME Susan Williams	
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.	
17. INFORMANT Mrs. Arlie Dimmit-Novinger, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio-sclerotic heart disease DUE TO (c) Generalized arteriosclerosis.			INTERVAL BETWEEN ONSET AND DEATH Sudden 3 years.
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"/> 2
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.) 4200	
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 Sept. 14, 1948 to April 6, 1958 and last saw him alive on March 26, 1958 Death occurred at 1:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Howard E. Gross, D.O. 2		22b. ADDRESS Kirksville, Mo.	
22c. DATE SIGNED 4-12-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/8/58	
23c. NAME OF CEMETERY OR CREMATORY Campbell Cemetery		23d. LOCATION (City, town, or county) (State) W. Adair County, Mo.	
24. FUNERAL DIRECTOR Davis & Davis ADDRESS Kirksville		25. DATE RECD. BY LOCAL REG. 4-13-1958	
		26. REGISTRAR'S SIGNATURE Doris W. Rattiff	

APR 22 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 

Licensed Embalmer No. 42

P. O. Address Kirkwood

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.