Health, & Welfare Public Service

FILED JUL 30 1958

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-025910
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 304

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1-57

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Jackson |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Inside Limits Yes [X] No [ ] | c. CITY OR TOWN Independence 70050 — Inside Limits Yes [X] No [ ] |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1400 N. River — Length of stay in 1b 3 yrs. | d. STREET ADDRESS (If outside, give location) 916 East South Ave. — Reside on Farm Yes [ ] No [X] |

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|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: Mary | Middle: Ellen | Last: Lupton | 4. DATE OF DEATH Month July Day 13 Year 1958 |
| 5. SEX: Eemale | 6. COLOR OR RACE: White | 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] | 8. DATE OF BIRTH: July 10, 1871 | 9. AGE (In years last birthday): 87 — 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): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Domestic | 11. BIRTHPLACE (City and state or country): Sweet Springs Missouri | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME: James DeHaven | 13b. MOTHER'S MAIDEN NAME: Florinda Farrell | 14. NAME OF HUSBAND OR WIFE: Frank D. Lupton | | |
| 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.: None | 17. INFORMANT: Mrs. Thelma Beebe — Address: 916 E. South Ave | | |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | Pulmonary congestion | 2 weeks |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Pneumonitis | 3 weeks |
| DUE TO (c) | Senility 492X | — |

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 [ ] 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 Jan 1957, to July 1958 and last saw her/him alive on July 8, 1958
Death occurred at 6:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

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|---|---|---|
| 22a. SIGNATURE (Degree or title): E H Dorsch M.D. | 22b. ADDRESS: 10901 Winner Rd | 22c. DATE SIGNED: July 21, 1958 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Removal | 23b. DATE: 7-15-58 | 23c. NAME OF CEMETERY OR CREMATORY: Hiland Cemetery |
| 23d. LOCATION (City, town, or county) (State): Ottawa Kansas | | |
| 24. FUNERAL DIRECTOR: Roland R. Speaks — ADDRESS: Indep. Mo | 25. DATE RECD. BY LOCAL REG.: 7-15-58 | 26. REGISTRAR'S SIGNATURE: James Grace |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

## 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 Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address Indep. 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.