

Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029812
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 254 Primary Registration District No. 5861 Registrar's No. 42

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Oregon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Billmore Township		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Billmore Township		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 45 years		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Laura Middle Last Cypret			4. DATE OF DEATH Month August Day 27 Year 1958				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 20, 1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 6 Days 7	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Randolph County, Ark. /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William H. Campbell		13b. MOTHER'S MAIDEN NAME Elizabeth Smith		14. NAME OF HUSBAND OR WIFE Maude Cypret			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Orbita Brewer, Couch, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cornary Numbness						INTERVAL BETWEEN ONSET AND DEATH Aug 27 1958	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Myocardial Heart Disease - Arterial						20 years	
DUE TO (c) Valvular Disease - Atherosclerosis							
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"/>	
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.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <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 1921 , to Aug 1958 and last saw her alive on Aug 27 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W Cooper MD				22b. ADDRESS Thy m		22c. DATE SIGNED	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-30-1958		23c. NAME OF CEMETERY OR CREMATORY Cotton Creek Cemetery		23d. LOCATION (City, town, or county) (State) Oregon County, Missouri	
24. FUNERAL DIRECTOR Standard Funeral Home		ADDRESS		25. DATE RECD. BY LOCAL REG. 9-9-58		26. REGISTRAR'S SIGNATURE Arthur Wolff	

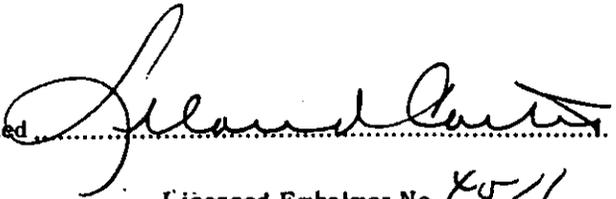
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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. 4016
P. O. Address Thompson

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.