

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012903

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 120

Primary Registration District No.

Registrar's No. 41

5. 300  
7. 1-57

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>McFall</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>McFall</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>-</b>		Length of stay in lb <b>43 Yrs</b>	d. STREET ADDRESS (If outside, give location) <b>-</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Elmer Ranson Lupfer</b>			4. DATE OF DEATH Month Day Year <b>4-30-59</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 14- 1916</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operated Service Station</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self Emp.</b>	9. AGE (In years last birthday) <b>43</b>
11. BIRTHPLACE (City and state or country) <b>McFall, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thomas Franklin Lupfer</b>		13b. MOTHER'S MAIDEN NAME <b>Nora Irene Rounds</b>	14. NAME OF HUSBAND OR WIFE <b>Dorothy Frances Lupfer</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-18-9850</b>	17. INFORMANT Address <b>Mrs. Dorothy Frances Lupfer, McFall, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <b>4/29/59</b> to <b>4/30/59</b> and last saw her alive on <b>4/29/59</b> Death occurred at <b>7:45 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
22a. SIGNATURE <b>G.M. Newman, M.D.</b>		22b. ADDRESS <b>Albany, Mo.</b>	22c. DATE SIGNED <b>5/4/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-2-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>McFall Cemetery</b>
24. FUNERAL DIRECTOR <b>Garin Trust, Pattonsburg, Mo.</b>		23d. LOCATION (City, town, or county) <b>McFall, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5-4-'59</b>
26. REGISTRAR'S SIGNATURE <b>Mrs. L.W. Bare</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

C.M. Newman

MAY 26 1959

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 *Levin & Quest* .....

Licensed Embalmer No. *4096* .....

P. O. Address *Pattonsburg, Va.*

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.