

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019626

STATE FILE NUMBER

5146

FILED JUN 11 1959

Registration District No.

Primary Registration District No.

Registration No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Illinois</i> b. COUNTY <i>Madison</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Collinsville</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Children's Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>Rural Route 1</i>	
Length of stay in lb <i>1 week</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>LAUREL</i> Middle <i>LEE</i> Last <i>SHUP</i>			4. DATE OF DEATH Month <i>5</i> Day <i>27</i> Year <i>1959</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 21, 1948</i>		9. AGE (In years last birthday) <i>10</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Grade School</i>		11. BIRTHPLACE (City and state or country) <i>Granite City, Ill.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>					

13a. FATHER'S NAME <i>Leonard Carl Shup</i>		13b. MOTHER'S MAIDEN NAME <i>Doris Jean Starling</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Leonard C. Shup</i> Address <i>Collinsville, Ill.</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) *Multiple traumatic injuries including massive skull fractures and cerebral injuries.*
DUE TO (b) *E 812.4*
DUE TO (c) *25*

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not listed above) (Enter name of injury in PART III.)
Strapped when struck by log operated by axe.

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED (Enter name of injury in PART III.)
Madison Co. near Collinsville Ill.

20c. TIME OF INJURY Hour Month, Day, Year
5:00 p.m. 5 20 59

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.) *Truck*

20f. CITY, TOWN, OR LOCATION *Collinsville, Ill.* COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at *1155 A* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Patrick Taylor Carrawe* 3

22b. ADDRESS *1300 Clark*

22c. DATE SIGNED *5-28-59*

23a. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

23b. DATE *5/29/59*

23c. NAME OF CEMETERY OR CREMATORY *Sunset Hill*

23d. LOCATION (City, town, or county) (State) *Edwardsville, Ill.*

24. FUNERAL DIRECTOR *Hubert King* ADDRESS *Collinsville, Ill.*

25. DATE RECD. BY LOCAL REG. *MAY 28 59*

26. REGISTRAR'S SIGNATURE *Roan Smith, M.D.*

(Licensed Embalmer's Statement on Reverse Side)

mjb

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Not Embalmed Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Herbert L. Kase

Licensed Embalmer No. 2803
P. O. Address Collinsville

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.