

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025639

STATE FILE NUMBER

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 19

FILED JUL 26 1961

AMENDED

DATE AMENDED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grandview		c. CITY OR TOWN Grandview	
Length of stay in 1b 20 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1310 E. 126th Street		d. STREET ADDRESS (If outside, give location) 1310 E. 126th Street	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First James Middle Joseph Last Rupert			4. DATE OF DEATH Month 7 Day 25 Year 61		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-29-99	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Rock & Sand	11. BIRTHPLACE (City and state or country) New York	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John Rupert	13b. MOTHER'S MAIDEN NAME Alice Young	14. NAME OF HUSBAND OR WIFE Opal Rupert
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW#1	17. INFORMANT Address Opal Rupert, 1310 E. 126th, Grandview, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) Acute Congestive Heart Failure	ONSET AND DEATH Immed.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Acute Coronary Occlusion	Immed.
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 _____ a.m. _____ p.m. Month, Day, Year _____		

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 Grandview	COUNTY Missouri	STATE Missouri
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21. I attended the deceased from **1946** to **1961** and last saw him alive on **7-25-61**
Death occurred at **12:10** a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R.L. Rust	22b. ADDRESS D.O. Grandview, Missouri	22c. DATE SIGNED 7-25-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-28-61	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Ceme.	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
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24. FUNERAL DIRECTOR ADDRESS E.K. George & Sons, Inc., Grandview, Mo.	25. DATE RECD. BY LOCAL REG. 7-25-61	26. REGISTRAR'S SIGNATURE Sterling S. Goddard
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STATEMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

SA 707 27 JUL 1981

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH

1-25-1

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 *Arthur E. Edwards*

Licensed Embalmer No. 4911

P. O. Address Grandview

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.