

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041771

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 36-61

STATE FILE NUMBER

FILED DEC 5 1961

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| 1. PLACE OF DEATH a. COUNTY <u>MILLER</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tuscumbia</u> | | Length of stay in lb | c. CITY OR TOWN <u>ELDON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Humphrey</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>442-E-8th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>DORA</u> Middle <u>BELL</u> Last <u>LUPARDUS</u> | | | 4. DATE OF DEATH Month <u>Nov</u> Day <u>24</u> Year <u>1961</u> | | |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>24-Dec-1879-81</u> | 9. AGE (last birthday) <u>81</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u> | 11. BIRTHPLACE (City and state or country) <u>Miller, Co. Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>Malachi Wyrick</u> | 13b. MOTHER'S MAIDEN NAME <u>Parthenia Wyrick</u> | 14. NAME OF HUSBAND OR WIFE <u>Henry Bert Lupardus</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT <u>Henry Bert Lupardus - Eldon Mo</u> |
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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) <u>Pulmonary Embolism</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> |
| DUE TO (b) <u>Fracture RT Femur</u> | | |
| DUE TO (c) | | |

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| 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 checked="" 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.) <u>None - Fell at Home</u> |
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| 20c. TIME OF INJURY Hour <u>None</u> a.m. <u>None</u> Month, Day, Year <u>11-15-61</u> | 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.) <u>None - Home</u> | 20f. CITY, TOWN, OR LOCATION <u>ELDON - MILLER - MO.</u> |
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| 21. I attended the deceased from <u>11-15-61</u> to <u>11-24-61</u> and last saw her/him alive on <u>11-24-61</u> Death occurred at <u>7:20 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE (Degree & title) <u>M.E. Humphrey DO</u> | 22b. ADDRESS <u>Tuscumbia - Mo</u> | 22c. DATE SIGNED <u>25 Nov - 1961</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>26-Nov-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>ELDON</u> | 23d. LOCATION (City, town, or county) (State) <u>ELDON Mo</u> |
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| 24. FUNERAL DIRECTOR <u>Keith McKay</u> | ADDRESS <u>ELDON-MO</u> | 25. DATE RECD. BY LOCAL REG. <u>Nov. 26, 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u> |
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.