

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031276  
3981 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

9/27/62

Unknown

Missouri & U.S.A.

Benton Co., Missouri & U.S.A.

11, 12

DOCUMENT

BY AFFIDAVIT OF Informant  
Alfred D. Hess MEDICAL CERTIFICATION

FILED AUG 20 1962	
1. PLACE OF DEATH	
a. COUNTY <u>JACKSON</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ke Kansas City</u>	a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u>
Length of stay in 1b <u>20yrs</u>	c. CITY OR TOWN <u>Ke Kansas City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Research Hospital</u>	d. STREET ADDRESS (If outside, give location) <u>3004 Degroff Way</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED	
First <u>Murtle</u> Middle <u>Bell</u> Last <u>Rupard</u>	4. DATE OF DEATH <u>July 31, 1962</u>
5. SEX <u>fe</u>	6. COLOR OR RACE <u>w</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-22-1877</u>
9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>
11. BIRTHPLACE (City and state or country) <u>Benton Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>-</u>	13b. MOTHER'S MAIDEN NAME <u>Adelia West</u>
14. NAME OF HUSBAND OR WIFE <u>Albert S. Rupard</u>	Address <u>- Home</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no no</u>	16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT <u>Uivian Smollen</u>	Address <u>- Home</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:	
PART I. IMMEDIATE CAUSE (a) <u>CARCINOMA OF UTERINE CERVIX</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 COUNTY STATE
21. I attended the deceased from <u>1960</u> to <u>31 JULY 62</u> and last saw her <u>alive</u> on <u>13 JUNE 62</u> Death occurred at <u>8:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Jane D. Neas, M.D.</u>	22b. ADDRESS <u>PRAIRIE VILLAGE 7501 MISSION RD. KS</u>
22c. DATE SIGNED <u>2 AUG 62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>8-2-1962</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>	23d. LOCATION (City, town, or county) <u>Ke. mo.</u>
24. FUNERAL DIRECTOR <u>C H Blackson &amp; Son</u> ADDRESS <u>Ke. mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-2-62</u>
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 Hubert B. Baird

Licensed Embalmer No. 4888

P. O. Address Kc 24, 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.

Vertical text on the right margin, likely a page number or reference code.