

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **19655**Registrar's No. **254**

BIRTH NO. _____		REG. DIST. NO. <b>47</b>		PRIMARY REG. DIST. NO. <b>3008</b>		State File No. <b>19655</b>		Registrar's No. <b>254</b>	
1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fulton</b>				c. LENGTH OF STAY (In this place) <b>4 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Stewart Nursing Home</b>				d. STREET ADDRESS (If rural, give location) <b>500 Broadway</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>James</b>		b. (Middle) <b>E.</b>		c. (Last) <b>Lupardus</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 6, 1952</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Mar. 5, 1867</b>		9. AGE (In years last birthday) <b>85</b> <b>4</b> <b>7</b> <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>No. Power Light</b>		11. BIRTHPLACE (State or foreign country) <b>Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Peter Lupardus</b>		13b. MOTHER'S MAIDEN NAME <b>Joanna - Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Adina Lupardus</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ralph Lupardus</b>		ADDRESS <b>500 Broadway, J.C.M.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6-30 mos</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardio-vascular System</b> DUE TO (c) <b>Hypertension Chronic</b>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>443X</b>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>6-30</b> , 19 <b>52</b> , to <b>7-5</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7-5</b> , 19 <b>52</b> and that death occurred at <b>5:40 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>W. O. Hayne</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Rt 6 Fulton Mo</b>		23c. DATE SIGNED <b>7-6-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>July 9, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Riverside</b>		24d. LOCATION (City, town, or county) (State) <b>Cole County Mo.</b>			
DATE REC'D BY LOCAL REG. <b>July 8-1952</b>		REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>		426		25. FUNERAL DIRECTOR'S SIGNATURE <b>Samuel Hume</b>		ADDRESS <b>700 Jefferson</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....  
Student Embalmer

Signed William C. Treher

Licensed Embalmer No. 4870

P. O. Address Hullton, 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 this body is not embalmed, fact should be so stated above.