

REC'D APR 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11517

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau(b) Township Walker

(c) City

(d) Street No.

Registration District No. 571Primary Registration District No. 5769Registered No. 18

(e) Length of residence in city or town where death occurred yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Darline E. Schlupé 410(a) Residence, No. Moniteau County

(Usual place of abode, if no street address, write county or city)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

015

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Moniteau County

(STATE OR COUNTRY)

FATHER

13. NAME A L Schlupé14. BIRTHPLACE (CITY OR TOWN) Moniteau County

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Gladys Houtter16. BIRTHPLACE (CITY OR TOWN) Moniteau County

(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) G. E. Schlupé

18. BURIAL, CREMATION, OR REMOVAL

PLACE Reobach Cemetery 3-14-3819. FUNERAL DIRECTOR (NAME) Jack Bowlin(ADDRESS) California Mo.20. FILED 3-14-381938J. R. Popejoy

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 193822. I HEREBY CERTIFY, That I attended deceased from March 11 1938 to March 13 1938I last saw her alive on March 11 1938 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Patent Heart (Arteriosclerotic)

Date of onset

Other contributory causes of importance:

Acute Gastro-enteritis 3/10/38

Name of operation

Date of

What test confirmed diagnosis? X-ray Was there an autopsy? -

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? - Date of injury -, 19-Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury - - - -Nature of injury - - - -24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Julius H. Houser M. D.(Address) Jefferson City Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X14028

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.