

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 17 1942 78
Registration District No. _____

Primary Registration District No. 3054

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Coursona
(c) Name of hospital or institution Pike Co Hospital
(d) Length of stay: In hospital or institution 4 hrs
In this community _____ years, months or days

3. (a) PRINT FULL NAME

David Lee Tepen

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced X D

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 16th 1935
(Month) (Day) (Year)

8. AGE:

Years 4 Months 8 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Pike Co.
(City, town, or county)

MO
(State or foreign country)

10. Usual occupation X

11. Industry or business X

MOTHER FATHER
12. Name Emil Tepen
13. Birthplace Calhoun Co. Ill
14. Maiden name Lara Huebner
15. Birthplace Pike Co. MO

16. (a) Informant's own signature Mrs. Emil Tepen
(b) Address Bowling Green MO
17. (a) Burial (b) Date thereof Oct 4 1942
(c) Place: burial or cremation St. Clement

18. (a) Signature of funeral director Grace Bankhead
(b) Address Bowling Green MO
19. (a) Oct 4/42 (b) J. P. Haly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pike Co
(c) City or town Rural
(d) Street No. _____
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12th
year 1942 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Delayed degree
causes of body

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 182
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. P. Haly (M. D. or other)
Address Louisiana MO Date signed 10-7-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

83-11-2
10-15-8-170
USEX

RECEIVED

District Health Officer No. 10

District File Number 11-42-2090

Date Filed NOV 16 1942

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 B. A. Roof

Licensed Embalmer No. 3044

P. O. Address Bowling Green

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37811

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Lewisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Pike Co. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Lee Tjepen

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 16 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 1st Year 1942 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

(Immediate cause of death) Second degree burns of body Duration _____

Due to Bob fell into

Due to Retard balling

Due to Same as above

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct 1 1942

(c) Where did injury occur? Bawlinggreen Pike Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Same

While at _____ (Specify type of place) (e) Means of injury _____

23. Signature Chas. J. ... (M. D. or D. O. C.)

Address Lewisiana Mo Date signed 10-28-42

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

SUPPLEMENTARY

