

FILED JUN 14 1949 STANDARD CERTIFICATE OF DEATH

State File No. **15348**

BIRTH NO. _____ REG. DIST. NO. **84** PRIMARY REG. DIST. NO. **4147** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY COOPER.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY COOPER	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BUNGETON	c. LENGTH OF STAY (In this place) LIFE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BUNGETON	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHARLES OTIS HEPLER		d. STREET ADDRESS (If rural, give location) J	

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) OTIS	c. (Last) Hepler	4. DATE OF DEATH (Month) (Day) (Year) 6 3 1949
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 9 1893	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 3 Days 26	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) oil agent	10b. KIND OF BUSINESS OR INDUSTRY oil	11. BIRTHPLACE (State or foreign country) BUNGETON-MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME DAVID Hepler	13b. MOTHER'S MAIDEN NAME Emma HAYS	14. NAME OF HUSBAND OR WIFE LOLLIE BULL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. 481-03-3801	17. INFORMANT'S SIGNATURE OR NAME Eugene O. Hepler Booneville	ADDRESS Booneville
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		1 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction DUE TO (c) Arteriosclerosis coronary arteries		8 mo.
II. OTHER SIGNIFICANT CONDITIONS -Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus		3 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 16, 1948**, to **May 13, 1949**, that I last saw the deceased alive on **May 13, 1949**, and that death occurred at **4** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Nullemann M.D.	23b. ADDRESS Booneville Mo	23c. DATE SIGNED June 6 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 6 1949	24c. NAME OF CEMETERY OR CREMATORY Masonic	24d. LOCATION (City, town, or county) (State) Bungeton Mo
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DATE REC'D BY LOCAL REG. June 6-49	REGISTRAR'S SIGNATURE Nellie Mullett 73	25. FUNERAL DIRECTOR'S SIGNATURE L. C. Parker	ADDRESS Bungeton Mo
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No. 300
 10.48
 CK 50279
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 13 REC'D

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-13-49

JUN 15 1949

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 _____

my self

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *L. G. Parkson*

Licensed Embalmer No. 25-47

P. O. Address Bunston 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.