

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25176**
5929

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2156 Lafayette Avenue				d. STREET ADDRESS (If rural, give location) 2156 Lafayette Avenue			
3. NAME OF DECEASED (Type or Print) LUCY		a. (First)		b. (Middle)		c. (Last) PEPOON	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S		8. DATE OF BIRTH Mar. 30, 1878	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 3 Days 5		IF UNDER 12 HRS. Hours 5 Min.		4. DATE OF DEATH (Month) (Day) (Year) July 5-1949	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Table Rock, Nebraska	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Theodore W. Pepoon		13b. MOTHER'S MAIDEN NAME Susie Robinson		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Alice Viggers		ADDRESS 2156 Lafayette Ave	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES		DUE TO (b) Hypertension				4 yrs	
		DUE TO (c) Chronic Nephritis				4 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 13th			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5:20		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 572X			
22. I hereby certify that I attended the deceased from 1944 , 19__ to 7-5-49 , 19__, that I last saw the deceased alive on 7-5- , 19 49 , and that death occurred at 3 p. m., from the causes and on the date stated above.							
23a. SIGNATURE Frank J. Swobosky MD				23b. ADDRESS 2528 S. Jefferson		23c. DATE SIGNED 7-6-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-6-49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Table Rock, Nebraska	
DATE REC'D BY LOCAL REG. JUL 6 1949		REGISTRAR'S SIGNATURE J. B. Fosater		25. FUNERAL DIRECTOR'S SIGNATURE Allen H. McLaughlin		ADDRESS 230 Lafayette	

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

Dr. Frank Swekosky
2528a So. Jefferson Avenue

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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.