No. 300
10.48

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

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40576

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4131 Registrar's No. 142

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avondale
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avondale
d. STREET ADDRESS (If rural, give location): Prather Hills

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Louis
c. (Last): Epperson

4. DATE OF DEATH (Month) (Day) (Year): 12- 16- 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2-25-1933
9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months 9, Days 21 — IF UNDER 24 HRS.: Hours X, Min. X

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock Boy
10b. KIND OF BUSINESS OR INDUSTRY: K.C.Custom Garment Co.
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Epperson
13b. MOTHER'S MAIDEN NAME: Mary Hatfield
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 489-32-9209
17. INFORMANT'S SIGNATURE OR NAME: John Epperson, Avondale Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation — | INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Car rolled up on him while
DUE TO (c) doing Mechanical work, doubling him up under car.

II. OTHER SIGNIFICANT CONDITIONS-
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Avondale Clay Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. L. Pate MD Coroner
23b. ADDRESS: North Kansas City Mo.
23c. DATE SIGNED: 12/16/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-19-1949
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Liberty, Missouri

DATE REC'D BY LOCAL REGR.: Dec 19-1949
REGISTRAR'S SIGNATURE: Beulah Kitchen 63
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Morton-Smith's F.H. N.K.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 24

District Health Officer No. 8,

District File Number

Date Filed 12-27-49

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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North K. C. 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.