

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13568

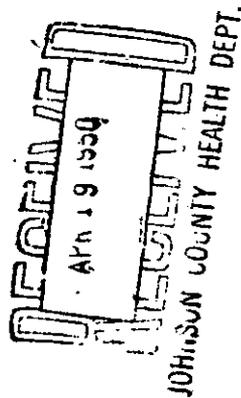
State File No.

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5609 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Rose Hill</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Johnson Twp</u>		0516
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 1, Linton Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>Road Jack Mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>		b. (Middle)	c. (Last) <u>EPPLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 13 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 3 1866</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>On own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Amestown, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Eppele</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Eppele</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Eppele</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Eppele</u>		
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) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis. Gen Arteriosclerosis</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>June 2, 1948</u> , to <u>April 13, 1950</u> , that I last saw the deceased alive on <u>April 13, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Kelly Rowles M.D.</u>		(Degree or title)	23b. ADDRESS <u>Holden Mo.</u>		23c. DATE SIGNED <u>4/15/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April 16 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bluff Edge</u>	24d. LOCATION (City, town, or county) (State) <u>Kingville, Mo.</u>		
DATE REC'D BY LOCAL REG <u>April 17, 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. E. V. Redford</u>		150	25. FUNERAL DIRECTOR'S SIGNATURE <u>Canaday & Papp Holden Mo</u>	

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

0510



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.....

M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.