

No. 300
10.48

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13739**
Registrar's No. **46**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5725**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon Hudson		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Walnut Township		06/10	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeview Home		d. STREET ADDRESS (If rural, give location) South East of Elmer	

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Shurman c. (Last) Epperson	4. DATE OF DEATH (Month) (Day) (Year) February 23 1883
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 1883 March 28 1880	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 1 Days 4	IF UNDER 24 HRS. Hours 4 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME D. B. Epperson	13b. MOTHER'S MAIDEN NAME Malinda M. Kint	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME John H. Epperson ADDRESS Elmer Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach		
	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.		151X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Operation not done here - Carcinoma stomach	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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 **Feb**, 1950, to **28 Mar**, 1950, that I last saw the deceased alive on **28 Mar**, 1950, and that death occurred at **7:30 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donald E Eggleston MD	23b. ADDRESS Macon, Missouri	23c. DATE SIGNED 3 April 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 30 1950	24c. NAME OF CEMETERY OR CREMATORY Elmer	24d. LOCATION (City, town, or county) (State) Elmer Macon Mo
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DATE REC'D BY LOCAL REG. 4/17/50	REGISTRAR'S SIGNATURE Duth Meneely	25. FUNERAL DIRECTOR'S SIGNATURE W. H. McCollum ADDRESS South Gifford Mo
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(Licensed Embalmers' Statement on Reverse Side)

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

610
4

4
383

RECEIVED 5-3-50
MACON COUNTY HEALTH DEPARTMENT
County File No.5:50:90
Date Filed5-4-50

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 *W. H. McCallum* _____

Licensed Embalmer No.2052

P. O. Address South Cofford 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.