

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32336

BIRTH NO. _____		REG. DIST. NO. <u>335</u>		PRIMARY REG. DIST. NO. <u>4492</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ORAN</u>		c. LENGTH OF STAY (in this place) <u>6 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ORAN</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ORAN</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAM</u> b. (Middle) <u>F.</u> c. (Last) <u>EPPELSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 26 1950</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUGUST 19 1884</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>7</u>	IF UNDER 2 WKS. Hours <u>—</u> Mins. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>PARSONS TENNESSEE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13a. FATHER'S NAME <u>YARB EPPELSON</u>		13b. MOTHER'S MAIDEN NAME <u>HANNAH MAYS</u>		14. NAME OF HUSBAND OR WIFE <u>LILLIE EPPELSON</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>493-26-5785</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LILLIE EPPELSON</u>		ADDRESS <u>ORAN, MO.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</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>Endocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7850</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>9/24</u> , 19 <u>50</u> , to <u>9/26</u> 19 <u>50</u> , that I last saw the deceased alive on <u>9/26</u> , 19 <u>50</u> and that death occurred at <u>4:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. C. Cline M.D.</u>			23b. ADDRESS <u>Oran Mo.</u>			23c. DATE SIGNED <u>9/26/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 28 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRIEND CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ORAN SCOTT COUNTY MO.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 3-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Fred Bieling</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Smith</u>		ADDRESS <u>Oran Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED **OCT 4 1950**
SCOTT COUNTY HEALTH CENT

CO. FILE NO. 1050-10

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~~

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Carl J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Oren, 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.