

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37692

BIRTH NO. _____		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 5707		Registrar's No. 666	
1. PLACE OF DEATH a. COUNTY <b>McDonald</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural-McMillen twp.</b>		c. LENGTH OF STAY (In this place) <b>41 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-McMillen twp.</b>		0600	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>In Coy Community</b>				d. STREET ADDRESS (If rural, give location) <b>In Coy Community</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Chester</b>		b. (Middle) <b>Lee</b>		c. (Last) <b>Epperson</b>		4. DATE OF DEATH (Month) <b>Nov.</b> (Day) <b>19,</b> (Year) <b>1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 14, 1909</b>		9. AGE (In years last birthday) <b>41</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hammer Mill Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Feed Milling Co.</b>		11. BIRTHPLACE (State or foreign country) <b>McDonald County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Lon Epperson</b>		13b. MOTHER'S MAIDEN NAME <b>Lillie Mitchell</b>		14. NAME OF HUSBAND OR WIFE <b>Ruby A. Epperson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>500-09-2898</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ruby A. Epperson, Anderson Rt. 1</b>			
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) <b>Failure of Myocardium</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial Infarction</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4.201</b>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <b>6/26</b> , 19 <b>48</b> , to <b>11/19</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>11/19</b> , 19 <b>50</b> , and that death occurred at <b>5:40 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Harold B. Ward, D.O.</b>				23b. ADDRESS <b>Goodman, Mo</b>		23c. DATE SIGNED <b>11/20/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-21-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mitchell Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>McDonald County, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>11-21-50</b>		REGISTRAR'S SIGNATURE <b>Maryne Humphrey</b>		423 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John B. Robinson, Goodman, Missouri</b>			

**DIVISION OF HEALTH OF MO.**

District No. 5 - Springfield -

RECEIVED DEC 6 1950

Dist. File 1200 - 2450

Date Filed 12-8-50

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed John B. Papineau.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4446

P. O. Address Ladman, 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.