

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 327778

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 5773		Registrar's No. 77	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mercer			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morgan Twp.		c. LENGTH OF STAY (In this place) 6		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morgan Twp. 0659			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Cleo		b. (Middle) Ellen		c. (Last) Epperson		4. DATE OF DEATH (Month) (Day) (Year) 11-3-50	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 8-29-1882	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mercer Co., Mo 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mercer Co., Mo 0		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Jerome Ewing		13b. MOTHER'S MAIDEN NAME Matilda Ader		14. NAME OF HUSBAND OR WIFE Arthur Epperson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lloyd Ewing Princeton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocarditis DUE TO (c) aortic regurgitation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none				INTERVAL BETWEEN ONSET AND DEATH immediate 5 mo. 5 mo.	
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 6-23-50, 19__ to 11-3-50, 19__, that I last saw the deceased alive on 10-11-50, 19__, and that death occurred at 10:40 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Byron Z. Pettel, J. D.O.				23b. ADDRESS Princeton, Missouri		23c. DATE SIGNED 11-8-50	
24a. BURIAL, CREMATION, OR OTHER DISPOSITION		24b. DATE 11-5-50		24c. NAME OF CEMETERY OR CREMATORY Princeton		24d. LOCATION (City, town, or county) (State) Princeton, Mo	
DATE REC'D BY LOCAL REG. 11-8-50		REGISTRAR'S SIGNATURE M. J. Keith		25. FUNERAL DIRECTOR'S SIGNATURE Noel Moss		ADDRESS Princeton, Mo	

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

0650



FEB 8 1951

NOV 27 1950

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 *me*

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Neil Mason*

Licensed Embalmer No. *2634*

P. O. Address *Frederick, Md*

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.