

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3439**

FILED FEB 14 1951

BIRTH NO. _____ **REG. DIST. NO.** 324 **PRIMARY REG. DIST. NO.** 3072 **Registrar's No.** 31

1. PLACE OF DEATH a. COUNTY <u>Saline</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Marshall, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>355 South Grant</u>		d. STREET ADDRESS (If rural, give location) <u>355 South Grant</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willis</u> b. (Middle) <u>Herbert</u> c. (Last) <u>Epperson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4 1951</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>April 27-1907</u>
9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months <u>9</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Making Department</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Int. Shoe Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Glasgow-Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jasper A. Epperson</u>		13b. MOTHER'S MAIDEN NAME <u>Alma Strodtman</u>	
14. NAME OF HUSBAND OR WIFE <u>Roberta Epperson</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>487-09-7398</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Willis Epperson-Marshall, 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>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Hypertension</u> 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 <u>1921</u> Conditions contributing to the death but not related to the disease or condition causing death.	
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>Feb 3</u>, 19<u>51</u>, to <u>Feb 4</u>, 19<u>51</u>, that I last saw the deceased alive on <u>Feb 3</u>, 19<u>51</u>, and that death occurred at <u>12:Noon</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. W. H. Wayne M.D.</u>		23b. ADDRESS <u>Marshall</u>	
23c. DATE SIGNED <u>2/6/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/8/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Garden - Marshall - Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall - Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 6-1951</u>		REGISTRAR'S SIGNATURE <u>Clidney J. Gray</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leelin Swartz</u>		ADDRESS <u>Marshall, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 2-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-13-51 _____

RE
NOV 1 1951

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

J. Leslie Surratt

Licensed Embalmer No. 2235

P. O. Address *7400 Hall, D.C.*

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.