

FILED MAR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5662

BIRTH NO.		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. LENGTH OF STAY (in this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dixon		0850	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Vera		a. (First)		b. (Middle) Marie		c. (Last) Zepp	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 21, 1920	
9. AGE (In years last birthday) 30		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) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Samuel Crain		13b. MOTHER'S MAIDEN NAME Marie Grisham		14. NAME OF HUSBAND OR WIFE Harold Zepp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mr. Harold Zepp, Dixon, Missouri		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalitis (Exact cause unknown) 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. none INTERVAL BETWEEN ONSET AND DEATH 3 mths 343X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 June 1946 to 8-Feb, 1951, that I last saw the deceased alive on 8-Feb, 1951, and that death occurred at 12 P.M., from the causes and on the date stated above.							
23a. SIGNATURE E. O. Hughes M.D.		(Degree or title)		23b. ADDRESS Dixon, Mo.		23c. DATE SIGNED 8-Feb-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/11/51		24c. NAME OF CEMETERY OR CREMATORY Dixon Cemetery		24d. LOCATION (City, town, or county) (State) Dixon, Mo.	
DATE REC'D BY LOCAL REG. 2-28-51		REGISTRAR'S SIGNATURE Helma C. Buckner		389 F. B. F. DIRECTOR'S SIGNATURE Fred A. Belknap		ADDRESS Dixon, Mo.	

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED 8-28-51
Pulaski County Health Officer
File Number
Date Filed 8-28-51

APR 14 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 _____

Feb. 8 - 1951

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Fred H. Belkair

Licensed Embalmer No. 2341

P. O. Address Marion 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.