

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27612**

FILED SEP 1 1951

BIRTH NO. _____		REG. DIST. NO. 198		PRIMARY REG. DIST. NO. 5721		Registrar's No. 119		
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Macon				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Callao Rural		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Callao Rural 0610		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) Elmer			b. (Middle)		c. (Last) Epperly		4. DATE OF DEATH (Month) (Day) (Year) 8-11-51	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 10-7-76		
9. AGE (In years last birthday) 75		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Marysville Mo		12. CITIZEN OF WHAT COUNTRY? USA		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY				
13a. FATHER'S NAME Wm Epperly			13b. MOTHER'S MAIDEN NAME Sarah Thomas			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no			16. SOCIAL SECURITY NO. 717-16-3271		17. INFORMANT'S SIGNATURE OR NAME Ernest Richardson Callao Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Coma				INTERVAL BETWEEN ONSET AND DEATH 4 8 hrs		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complications which caused death.		II. OTHER SIGNIFICANT CONDITIONS contributing to the death but not causing death. none				III. ANTECEDENT CAUSES Chronic intestinal Obstruction 5 yrs Generalized arterio-sclerosis unknown		
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION 446 X				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; forest; street; office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
22a. TIME OF INJURY (Month) (Day) (Year) (Edas)		22b. A WHOLE WORK		21f. HOW DID INJURY OCCUR?				
22. I Heretby certify that I attended the deceased from 5-21, 1946 to 8-11, 1951 , that I last saw the deceased alive on 8-11, 1951 , and that death occurred at 11:30 m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) A. C. King M.D.				23b. ADDRESS Macon Mo		23c. DATE SIGNED 8-17-51		
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE 8-5-51		24c. NAME OF CEMETERY OR CREMATORY Hebron Cemetery		24d. LOCATION (City, town, or county) (State) Callao Rural Mo		
DATE RECEIVED BY LOCAL REG. 8-25-51		REGISTRAR'S SIGNATURE Geophila King		25. FUNERAL DIRECTOR'S SIGNATURE D. S. Edwards		ADDRESS Barrie Mo		

(License of Embalmer's Statement on Reverse Side)

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

RECEIVED 8.29.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 8.51.140
Date Filed 8.29.51

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. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address Shawnee, 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.