

No. 300
10.48

FILED AUG 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29215

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 2074 Registrar's No. 134

1. PLACE OF DEATH
 a. COUNTY **Scott**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Sikeston**
 c. LENGTH OF STAY (In this place) **20 yrs.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **606 Kendall**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Mo** b. COUNTY **Scott**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Sikeston 1003**
 d. STREET ADDRESS (If rural, give location) **606 KENDALL**

3. NAME OF DECEASED (Type or Print)
 a. (First) **JENNIE LOUISE** b. (Middle) **HEPLIN** c. (Last) **HEPLIN**

4. DATE OF DEATH (Month) (Day) (Year)
8-3-51

5. SEX **FEMALE**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed 2

8. DATE OF BIRTH **Nov-6-1864**

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min.
86 7 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE (State or foreign country)
Kinnington TENN-1

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Levi Gordon

13b. MOTHER'S MAIDEN NAME
Mary Smith

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.
No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. F.S. Vogel Sikeston 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of ascending colon**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 year

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
153X

20. AUTOPSY?
 YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-20, 1951**, to **7-28, 1951**, that I last saw the deceased alive on **7-20, 1951**, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
E. D. Urban M.D.

23b. ADDRESS
Sikeston

23c. DATE SIGNED
8/6/51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
8/4/51

24c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery Sikeston

24d. LOCATION (City, town, or county) (State)
Sikeston Mo

DATE REC'D BY LOCAL REG.
Aug 20-51

REGISTRAR'S SIGNATURE
Mrs. Ella Linder Welsh

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Funeral Home Sikeston Mo

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

RECEIVED AUG 27 1951
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 851-187

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

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address

Hickston 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.