

No. 300
10.48

FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29352

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

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 250

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 705 W. Link	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) B. c. (Last) Kephart		4. DATE OF DEATH (Month) (Day) (Year) Sept 15 51	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 25 1859
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months 4 Days 13	IF UNDER 24 HRS. Hours 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY RET	11. BIRTHPLACE (State or foreign country) Frankford, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Kephart	
13b. MOTHER'S MAIDEN NAME Margaret Legan		14. NAME OF HUSBAND OR WIFE Minerva E. Kephart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Aurel Kephart (son) Kirksville Mo		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Miscel Insufficiency INTERVAL BETWEEN ONSET AND DEATH Heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) stroke DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none	
19a. DATE OF OPERATION Sept		19b. MAJOR FINDINGS OF OPERATION stroke	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		410X	
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) stroke	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? stroke	
22. I hereby certify that I attended the deceased from _____, 19____ to Sept 14, 1951 , that I last saw the deceased alive on Sept 14, 1951 , and that death occurred at 5:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. J. Cameron M.D.		23b. ADDRESS 610 E. Sherman Kirksville Mo	
23c. DATE SIGNED Sept 15 1951		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 17, 51	
24c. NAME OF CEMETERY OR CREMATORY Collet Cemetery		24d. LOCATION (City, town, or county) (State) N. of Kirksville, Mo.	
DATE REC'D BY LOCAL REG. 9-17-51		REGISTRAR'S SIGNATURE Kate Lambert	
25. FUNERAL DIRECTOR'S SIGNATURE Davis		ADDRESS Kirksville Mo	

(Licensed Embalmer's Statement on Reverse Side)

Date Received: SEP 24 1951
DISTRICT HEALTH OFFICE #2
District File Number 951-1694
Date Filed: SEP 24 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Donald L. Roberts

Signed.....
Student Embalmer

Licensed Embalmer No. 4727

P. O. Address *Fishersville 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.