

FILED OCT 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 29942

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) Hermann, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Hermann	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3rd. & Market Sts.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Theresa		a. (First)		b. (Middle)		c. (Last) Epple		4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1889 Aug. 31, 1951		9. AGE (In years - last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Little Berger, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Dominie Dufner		13b. MOTHER'S MAIDEN NAME Josephine Faes		14. NAME OF HUSBAND OR WIFE Louis Epple	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Louis Epple	
				ADDRESS Hermann, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS 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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Jan 1, 1956 to Sept 2, 1957, that I last saw the deceased alive on Sept 2, 1957, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Howard Horkman M.D.</u>		(Degree or title)		23b. ADDRESS Hermann Mo		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 5, 1951		24c. NAME OF CEMETERY OR CREMATORY St. George		24d. LOCATION (City, town, or county) (State) Hermann, Mo.	

DATE REC'D BY LOCAL REG. 9/5/51		REGISTRAR'S SIGNATURE <u>D. Mundweller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Horkman M.D.</u>		ADDRESS Hermann, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0371

0371

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 5 1951

RECEIVED

JUN 4 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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *E. K. Rudolph*

Licensed Embalmer No. 2044

P. O. Address Hermann, 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.