

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41912**

FILED JAN 3 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 495

0485

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>	
c. LENGTH OF STAY (In this place) <b>32 years</b>		d. STREET ADDRESS (If rural, give location) <b>421 North Liberty</b>	
3. NAME OF DECEASED a. (First) <b>Mathew</b> b. (Middle) <b>L.</b> c. (Last) <b>Jepson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 23, 1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 12, 1890</b>
9. AGE (In years last birthday) <b>61</b>		# UNDER 1 YEAR Months Days	# UNDER 100 Hrs. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Night Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hotel</b>	11. BIRTHPLACE (State or foreign country) <b>Buffalo, North Dakota</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Mathew T. Jepson</b>	
13b. MOTHER'S MAIDEN NAME <b>Agnes Lindersmith</b>		14. NAME OF HUSBAND OR WIFE <b>Lulu Jepson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>508-24-6123</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lulu Jepson, 421 N. Liberty, Indep. Mo.</b>
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) <b>Circulatory failure, acute</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b> ANTECEDENT CAUSES DUE TO (b) <b>Hypertrophy of heart</b> <b>4 yr.</b> DUE TO (c) <b>Hypertension</b> <b>4 yr.</b> 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 <b>Pathologist</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>444X</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>A. E. Upson</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Independence, Mo</b>	
23c. DATE SIGNED <b>10/23/51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Dec. 26, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Independence, Missouri.</b>		DATE REC'D BY LOCAL REG. <b>Dec. 25-1951</b>	
REGISTRAR'S SIGNATURE <b>[Signature]</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Geo. C. Carson, Independence, Mo.</b> ADDRESS	

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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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.