

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3564

State File No. ....

FILED FEB 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 27

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>	c. LENGTH OF STAY (in this place) <b>one day</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Slater</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>514 N. Porter</b>	

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3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Russell</b> c. (Last) <b>Epperson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 28-1952</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>Feb. 14-1895</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>14</b>	IF UNDER 1 HR. Hour <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Taxi driver</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Hauling Passengers</b>	11. BIRTHPLACE (State or foreign country) <b>William, Saline Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>			

13a. FATHER'S NAME <b>Geo. Epperson</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Powell</b>	14. NAME OF HUSBAND OR WIFE <b>Hattie Epperson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>487 01 5699</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Hattie Epperson Slater, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>20 min.</b>  <b>Unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis, Acute</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <b>Chronic Asthma</b> 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 <b>1-9-52</b>	19b. MAJOR FINDINGS OF OPERATION <b>Large Rectal abscess drained</b>	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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec. 21, 1951, to 1-28, 1952, that I last saw the deceased alive on 1-28, 1952, and that death occurred at 9:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. G. McBurney M.D.</b> (Degree or title)	23b. ADDRESS <b>Slater, Mo.</b>	23c. DATE SIGNED <b>1-28-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>1-30-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Slater, Mo.</b>

DATE REC'D BY LOCAL REG. <b>1-30-1952</b>	REGISTRAR'S SIGNATURE <b>Bidney F. Gray</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hill Brothers Slater Mo</b>
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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 \_\_\_\_\_

Licensed Embalmer No. 3090

P. O. Address State 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.