S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 29 1952

State File No. 6965

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 40

003
0

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (In this place): 4 hrs, 34 m.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Delta Comm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston 1000
d. STREET ADDRESS (If rural, give location): Route #2 1

3. NAME OF DECEASED (Type or Print)
a. (First): Carl
b. (Middle): M.
c. (Last): Lepchenske

4. DATE OF DEATH (Month) (Day) (Year): February 15, 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: 1-9-1906

9. AGE (In years last birthday): 46 (46) — If under 1 year: Months ___ Days ___ — If under 1 hr.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Foreman-Mo. State Highway Dept.

10b. KIND OF BUSINESS OR INDUSTRY: Dexter, Mo.

11. BIRTHPLACE (State or foreign country): 0

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

13a. FATHER'S NAME: Lynn Lepchenske

13b. MOTHER'S MAIDEN NAME: Ella Stevenson

14. NAME OF HUSBAND OR WIFE: Essie Frasier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 491-30-5499

17. INFORMANT'S SIGNATURE OR NAME: Essie Lepchenske
ADDRESS: Route #2, Sikeston

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (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

19b. MAJOR FINDINGS OF OPERATION: 4201

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* 2/15, 1952, *to* 2/15, 1952, *that I last saw the deceased alive on* 2/15, 1952, *and that death occurred at* 2:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thomas C. McClure MD (Degree or title)
23b. ADDRESS: Sikeston, Mo
23c. DATE SIGNED: 2/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Feb 17-1952
24c. NAME OF CEMETERY OR CREMATORY: Dexter Cemetery
24d. LOCATION (City, town, or county) (State): Dexter, Mo.

DATE REC'D BY LOCAL REG.: 2-23-52
REGISTRAR'S SIGNATURE: Mrs Ella Hunter 429
25. FUNERAL DIRECTOR'S SIGNATURE: Harry Jones
ADDRESS: Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 25 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 252-58

JUL 13 1953

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 John Allerton

Signed.....
Student Embalmer

Licensed Embalmer No. 2941

P. O. Address Sekeston 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.