

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

21309

State File No.

FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 70

1737
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL 0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE-MEMORIAL</u>		d. STREET ADDRESS (If rural, give location) <u>JOPLIN RFD #4</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>	b. (Middle)	c. (Last) <u>KEPLAR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 30. 1952</u>
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5. SEX <u>MALE</u>	6. COLOR, OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 27, 1904</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BUILDING CONTRACTOR.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>EMPORIA KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>HARRY KEPLAR</u>	13b. MOTHER'S MAIDEN NAME <u>MYRTLE SWARTHOUT</u>	14. NAME OF HUSBAND OR WIFE <u>MILDRED KEPLAR.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Keplar R4 Joplin</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIIS - Chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 WEEKS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic fibrosis of lungs.</u> DUE TO (c) <u>severe bronchial asthma chr.</u>		
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 <u>241X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1951, to 30 JUNE, 1952, that I last saw the deceased alive on 30 JUNE, 1952, and that death occurred at 8:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. J. Taylor M.D.</u> (Degree or title)	23b. ADDRESS <u>Neosho Mo</u>	23c. DATE SIGNED <u>1 July 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>7-2-1952</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>ELDARADO, KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>7-1-52</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson</u>	ADDRESS <u>Neosho Mo</u>
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RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File Number 752-118
Date Filed 7-3-57

NEOSHO, MISSOURI

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 Leahy Thompson Jr.

Licensed Embalmer No. 4860

P. O. Address Neosho, 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.