

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31307

FILED OCT 8 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 888

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Mo</b> b. COUNTY <b>Ozark</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Wasola</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OZARK OSTEOPATHIC HOSPITAL</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Julia</b> b. (Middle) <b>Delores</b> c. (Last) <b>Epps</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sep 30 - 1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED-NEVER MARRIED, WIDOWED-DIVORCED (Specify) <b>1</b>	8. DATE OF BIRTH <b>Aug 15 - 1949</b>
9. AGE (In years last birthday) <b>3</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <b>Gainesville, Mo</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Michael David Epps</b>		13b. MOTHER'S MAIDEN NAME <b>Thelma Opal Thomas</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Michael David Epps</b> ADDRESS <b>Wasola</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>General Peritonitis</b> ANTECEDENT CAUSES (b) <b>Strabismus</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Glenn</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Entero and Quasitomasia</b>	
19a. DATE OF OPERATION <b>9-27-52</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. 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?		22. I hereby certify that I attended the deceased from <b>9-27-52</b> , to <b>9-30-52</b> , that I last saw the deceased alive on <b>9-29-52</b> , and that death occurred at <b>12:15 a.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>William L. Nitzel, D.O.</b>		23b. ADDRESS <b>20270 E. Sunshine</b>	
23c. DATE SIGNED <b>9-30-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>9-30-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wasola Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Wasola, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clinkingbeard Funeral H.</b> ADDRESS <b>Ava, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-2-52</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

396

SAINT LOUIS DISTRICT BOARD

**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 R. Fish

Licensed Embalmer No. 4662

P. O. Address Avon, 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.