

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31980

State File No. ....

10 OCT 3 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5072 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prarie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3461	
c. LENGTH OF STAY (in this place) 2 mo.		d. STREET ADDRESS (If rural, give location) 3120 Summit St. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Ida	b. (Middle)	c. (Last) Epps	4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1952
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH Jan. 27, 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) DeCalb County, Missouri	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME HENRY SCHENCK	13b. MOTHER'S MAIDEN NAME SARAH DeHART	14. NAME OF HUSBAND OR WIFE CHRISTOPHER EPPAS
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Audrey Little	ADDRESS 3120 Summit K.C. Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepostatic Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
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 522X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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) m.	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 4-15-52 to 9-13-52, 1952, that I last saw the deceased alive on 9-12-1952, and that death occurred at 8:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE Square, Reyna	(Degree or title) M.D.	23b. ADDRESS 1032 Prof. Bldg. K.C. Mo	23c. DATE SIGNED 9-13-52
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	24b. DATE Sept 15 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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DATE RECD BY LOCAL REG. 9-18-52	REGISTRAR'S SIGNATURE Donald C. Barnshaw	37810	25. FUNERAL DIRECTOR'S SIGNATURE Duwick & Dobin	ADDRESS 20 West Linwood
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(Licensed Embalmer's Statement on Reverse Side)

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

