

FILED NOV 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35495

State File No.

BIRTH NO. _____ REG. DIST. NO. 165 PRIMARY REG. DIST. NO. 5611 Registrar's No. 12

51.0
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Post Oak		c. LENGTH OF STAY (In this place) Life	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Poast Oak		0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD 1 Warrensburg Mo.		d. STREET ADDRESS (If rural, give location) RFD 1 Warrensburg Mo.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Eva	b. (Middle) Jane	c. (Last) Eppright	(Month) Oct.	(Day) 23	(Year) 1952

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 27 1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 1 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Johnson Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME John McElwee	13b. MOTHER'S MAIDEN NAME Johanna Cushing McElwee	14. NAME OF HUSBAND OR WIFE Geo. W. Eppright Dec.
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 min. 4 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Myocarditis - Hypertensive		
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 <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) 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 Aug, 1949, to 23 Oct, 1952, that I last saw the deceased alive on 19 Oct, 1952, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) Flored Maxson M.D.	23b. ADDRESS Warrensburg Mo	23c. DATE SIGNED 27 Oct 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 26 1952	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg Mo.
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DATE REC'D BY LOCAL REG. 10-28-1952	REGISTRAR'S SIGNATURE Mamie O. Backer	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips	ADDRESS Warrensburg Mo.
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DEC 4 1952

NOV 9 1952

RECEIVED
NOV 5 - 1952
JOHNSON COUNTY HEALTH DEPT.

NOV 2 1952

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.....
Student Embalmer

Signed *J. Earl Orest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg, 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.