

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38316**

No. 300  
10.48  
FILED DEC 13 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1079

396  
U

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
		d. STREET ADDRESS (If rural, give location) <u>500 Cozy</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HOMER</u>	b. (Middle) <u>CLYDE</u>	c. (Last) <u>KEPNER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 5, 1952</u>
-------------------------------------	-------------------------	--------------------------	-------------------------	---

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>August 8, 1878</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner-operator Filling</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sta, Retail oil Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fayette Co., Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>Jacob Kepner</u>	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <u>Virginia Thompson Kepner</u>
--	---------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Virginia Kepner, Springfield, Mo.</u>	ADDRESS _____
---	---	--	---------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, bronchiogenic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> 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 <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>Not done</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield, Mo</u>
--	--	--

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 Sep't 5, 1952, to Dec 5, 1952, that I last saw the deceased alive on Dec 5, 1952, and that death occurred at 8:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Silsby, M.D.</u>	23b. ADDRESS <u>Springfield, Mo</u>	23c. DATE SIGNED <u>12/6/52</u>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>12-8-52</u>	REGISTRAR'S SIGNATURE <u>Earl Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeier</u>	ADDRESS <u>Springfield, Mo</u>
---	--	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

Dr. Silas S.  
Sanders

**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: James W. Wair

Licensed Embalmer No. 4650

P. O. Address Springfield, 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.