

FILED MAR 16 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8850

303

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>7 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salem Township</u> <u>1310</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>5 Miles N.W. Jameson, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u> b. (Middle) <u>---</u> c. (Last) <u>Keplar</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 8 1953</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 9 1883</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Davies County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Martin H. O'Hare</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Glaze</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence Keplar</u>		
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 ADDRESS <u>Clarence Keplar, Pattonsburg, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of bowel</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal obstruction</u> DUE TO (c) <u>Pulmonary embolism</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>2 wks</u>
19a. DATE OF OPERATION <u>3-4-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of bowel with obstruction</u> <u>153X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>3-1-</u> , 1953, to <u>3-8-</u> , 1953, that I last saw the deceased alive on <u>3-7-</u> , 1953, and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul J. Ingraves M.D.</u>				23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>3-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-10-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Creek Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Davies Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>March 11, 1953</u>		REGISTRAR'S SIGNATURE <u>Lacey P. Belmont</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. C. ...</u>		ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>	

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

NOV 9 1959

MAR 11 1959

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

*L. O. Richerson*

Licensed Embalmer No. *3397*

P. O. Address *Gallatin, 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.