

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9320

State File No.

FILED MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. 102 PRIMARY REG. DIST. NO. 5416 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Buffalo</u>	c. LENGTH OF STAY (If place) <u>50 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Buffalo 0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Cardwell Route # 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>Katheryn</u> c. (Last) <u>Lepton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5 - 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-28-1884</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u>
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	11. BIRTHPLACE (State or foreign country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>Columbus Coffell</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Gilbert</u>	13c. NAME OF HUSBAND OR WIFE <u>John Lepton</u>
15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nessie Williams Success, Ark</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>CHRONIC BRONCHO-PULMONARY DISEASE</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CARDIAC FAILURE</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491X</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)	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 1950, 19 , to 115, 1953, that I last saw the deceased alive on 115, 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William E. Park M.D.</u>	23b. ADDRESS <u>Cardwell, Mo</u>	23c. DATE SIGNED <u>3/14/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-7-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cardwell</u>
		24d. LOCATION (City, town, or county) (State) <u>Cardwell, MO</u>

DATE REC'D BY LOCAL REG. <u>1-5-53</u>	REGISTRAR'S SIGNATURE <u>Hubert B. Baul</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Howard Cardwell, MO</u>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

350

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT... 3-17-53
COUNTY FILE NUMBER353-

NOV 20 1957

NOV 15 1957

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 *Hubert B. Baird*

Licensed Embalmer No. *4888*

P. O. Address *Cardwell, 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.