

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13116

State File No.

No. 300
10.48

FILED APR 29 1953

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>150</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY <u>Adair</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Macon</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta R.F.D. 0610</u>		
c. LENGTH OF STAY (in this place) <u>5 months</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Independence from ship</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Community Nursing Home #2</u>				
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Gilbert B. Epperson</u>			b. (Middle) _____	
c. (Last) <u>Epperson</u>				
(Type or Print) <u>Gilbert B. Epperson (Epperson)</u>			April 23 - 1953	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>Nov. 9, 1870</u>	
9. AGE (In years last birthday) <u>83</u>	if UNDER 1 YEAR <u>4</u> Months	if UNDER 1 YEAR <u>14</u> Days	if UNDER 1 HRS. <u>1</u> Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Macon County, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>John B. Epperson</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Branch</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Newkinneth</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joice Epperson</u>
				ADDRESS <u>Atlanta Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Occlusion</u>		
		DUE TO (c) <u>Coronary Atherosclerosis</u>		
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
				<u>4201</u>
21a. ACCIDENT SUICIDE (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) (Min.)		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>12-22, 1952</u> to <u>4-23, 1953</u>, that I last saw the deceased alive on <u>4-23, 1953</u>, and that death occurred at <u>6:30 A.M.</u>, from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>David W. Boone MD</u>		23b. ADDRESS <u>Kirksville Mo</u>		23c. DATE SIGNED <u>4-23-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-25-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Cemetery</u>
				24d. LOCATION (City, town, or county) (State) <u>Near Atlanta Macon Co, Mo</u>
DATE REC'D BY LOCAL REG. <u>4-25-53</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. ...</u>
				ADDRESS <u>Atlanta Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

013
4

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 H. M. Gooding.....

Licensed Embalmer No. 1950.....

P. O. Address Atlanta, 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.