

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13424

State File No. _____
Registrar's No. 181

FILED MAY 7 1953

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 5143

0120
3

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

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo. Rural		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		0124
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION None			d. STREET ADDRESS (If rural, give location) 613 Park Ave.		

3. NAME OF DECEASED (Type or Print) a. (First) Claude b. (Middle) Virgel c. (Last) Epps			4. DATE OF DEATH (Month) (Day) (Year) April 29, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 7, 1891	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 4 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Butler Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Thomas Anderson Epps		13b. MOTHER'S MAIDEN NAME Mary Miller		14. NAME OF HUSBAND OR WIFE Minnie Montgomery Epps	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 489-18-6811	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glenn Jack Epps Poplar Bluff, Mo.			
---	--	--	--	--	--

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) Coronary Occlusion 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.				INTERVAL BETWEEN ONSET AND DEATH
--	---	--	--	--	----------------------------------

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Glenn J. Epps (Degree or title)		23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 4/30-53
---	--	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-3-53	24c. NAME OF CEMETERY OR CREMATORY Epps Cem.	24d. LOCATION (City, town, or county) (State) Township Line Butler Co. Mo.	
---	-------------------------	---	---	--

DATE REC'D BY LOCAL REG. 5/2/53	REGISTRAR'S SIGNATURE R. H. Metcalf	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.		
--	--	---	--	--

RECEIVED
MAY 5 1953
BUTLER CO. HEALTH CENTER
FILE No. 553-209

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 Grover W. Greer

Licensed Embalmer No. 2964

P. O. Address Oshtemo Blvd / M/C

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. •