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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20614

FILED JUN 29 1953

BIRTH NO. 34182 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Audrain Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
d. STREET ADDRESS (If rural, give location): 214 E. Breckenridge

3. NAME OF DECEASED (Type or Print)
a. (First): Earl R.
b. (Middle): Raymon
c. (Last): Hepler

4. DATE OF DEATH (Month) (Day) (Year): June 19, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: June 18, 1953
9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 1 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby
10b. KIND OF BUSINESS OR INDUSTRY: ———
11. BIRTHPLACE (State or foreign country): Audrain Co. Hospital
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Earl R. Hepler
13b. MOTHER'S MAIDEN NAME: Edith Howe
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: E. R. Hepler — ADDRESS: Mexico, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 22½ hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) no cause known
~~DUE TO~~ (c) normal delivery.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Abruptio Placentae.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7610
20. AUTOPSY? YES ☐ NO ☒

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): Mexico Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 16, 1953, *to* June 19, 1953, *that I last saw the deceased alive on* June 19, 1953, *and that death occurred at* 10:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. A. Sorrell (Degree or title): D.O.
23b. ADDRESS: Mexico, Mo.
23c. DATE SIGNED: 6-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-20-53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Mexico, Missouri

DATE REC'D BY LOCAL REG.: June 20 1953
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Chas. Arnold Jr. Mexico, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Richard Y. McDonald

Licensed Embalmer No. 4825

P. O. Address Memphis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.