

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29628

State File No. _____

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Putnam</u>	
b. CITY OR TOWN <u>Unionville</u>		c. CITY OR TOWN <u>Unionville</u>	
c. LENGTH OF STAY (In this place) <u>7 day</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUBY</u>	b. (Middle)	c. (Last) <u>EPPENSTEIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-12-1953</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>June 15 1883</u>
9. AGE (In years last birthday) <u>70</u>	10. MONTHS <u>1</u>	11. DAYS <u>27</u>	12. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Russia Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>MINUS EPPENSTEIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sylvia Chapman Unionville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymph sarcoma</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2001</u>			
19a. DATE OF OPERATION <u>8-3-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Omentum solid Malignant mass</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) (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>7-22, 1953</u> to <u>8-12, 1953</u> , that I last saw the deceased alive on <u>8-12, 1953</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. W. McDonald, 2nd</u>	23b. ADDRESS <u>Unionville, Mo</u>	23c. DATE SIGNED <u>8-13-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug 14, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>B' Nair Yea Kov</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-15-53</u>	REGISTRAR'S SIGNATURE <u>Marcell Dambin</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed Husted Unionville Mo</u>	

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

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AUG 20 1953

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 Mur E. Husted

Licensed Embalmer No. 3304

P. O. Address Monroville, Pa

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.