

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **31135**

FILED OCT 8 - 1953

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 409	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) 9		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c.g.g.v	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital				d. STREET ADDRESS (If rural, give location) RR # 4			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) F.		c. (Last) Lepchenske		4. DATE OF DEATH (Month) (Day) (Year) October 1, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-1-94	
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Operator				10b. KIND OF BUSINESS OR INDUSTRY Retail Gasoline		11. BIRTHPLACE (State or foreign country) Berkley, Kentucky	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Lynn Lepchenske		13b. MOTHER'S MAIDEN NAME Ella Stephenson		14. NAME OF HUSBAND OR WIFE Dell Lepchenske			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		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) Arteriosclerotic Heart Disease 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 4200				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 VA Sep 23, 1953, to Oct. 1, 1953, at the residence of the deceased and that death occurred at 7:00 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE E.M. Canlos		(Degree or title) E.M. CANLOS, M.D.		23b. ADDRESS VA Hospital Poplar Bluff, Mo.		23c. DATE SIGNED 10-1-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-4-53		24c. NAME OF CEMETERY OR CREMATORY Dexter		24d. LOCATION (City, town, or county) (State) Dexter, Missouri	
DATE REC'D BY LOCAL REG. 10/3/53		REGISTRAR'S SIGNATURE R.H. Maestre		25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey		ADDRESS Dexter, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

J. J. Shuckhart

Licensed Embalmer No. 3479

P. O. Address Repton, W. Va.

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.