

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

State File No. **35844**
Registrar's No. **4821**

FILED **OCT 23 1953**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City D.O.A.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #1		d. STREET ADDRESS (If rural, give location) 3413 W. 43rd	
3. NAME OF DECEASED a. (First) LOREN		b. (Middle) E	
		c. (Last) EPPLE	
		4. DATE OF DEATH (Month) (Day) (Year) 10-5-1953	
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 6-29-1903
9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life (If retired)) Teacher	11. BIRTHPLACE (City and State or Foreign Country) Kingsville, Mo
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wm Epple		13b. MOTHER'S MAIDEN NAME M. J. Fletcher	14. NAME OF HUSBAND OR WIFE Ollie Epple
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) unk		16. SOCIAL SECURITY NO. 514-035515	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Smith Funeral Home Pottsville, Kans
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laryngitis Throat ANTECEDENT CAUSES 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.	
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) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Residence	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-5-53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self Inflicted	
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Hugh H. Owens (Degree or title)		23b. ADDRESS 1034 Piatta Blvd	
23c. DATE SIGNED 10-6-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	24b. DATE 10-7-1953	24c. NAME OF CEMETERY OR CREMATORY Mt Olive	24d. LOCATION (City, town, or county) (State) Pottsville, Mo.
DATE REC'D BY LOCAL REG. 10-7-53	REGISTRAR'S SIGNATURE Bernadine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pasantino Bros EC mo	

WRITE PLAINLY—USING 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 _____

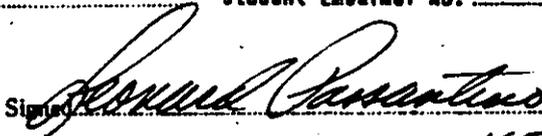
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 4554

P. O. Address Ke 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.