

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38311

State File No. ....

FILED NOV 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1182

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Buchanan</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>27 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p> <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">St. Josephs Hospital</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">1118 1/2 Ridenbaugh St.</p>			

3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">David</p>		b. (Middle) <p style="text-align: center;">Basil</p>		c. (Last) <p style="text-align: center;">Kephart</p>		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">November 7, 1953</p>	
--	--	---	--	---	--	---	--

5. SEX <p style="text-align: center;">male</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">married</p>	8. DATE OF BIRTH <p style="text-align: center;">Sept. 13, 1897</p>	9. AGE (in years last birthday) <p style="text-align: center;">56</p>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
---	--	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">salesman</p>	10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">feed mill</p>	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">DeKalb County, Mo.</p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>
--	---	--	--

13a. FATHER'S NAME <p style="text-align: center;">David B. Kephart</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Mary E. Anderson</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Beda V.</p>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">491-10-1539</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs. Beda Kephart,</p>	ADDRESS <p style="text-align: center;">1118 1/2 Ridenbaugh St. Joseph, Mo.</p>
---	---	--	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>3 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Anemia</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <u>Bronchogenic Carcinoma</u>		<u>2 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			<u>1 1/2 yrs.</u>

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) m.	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 Nov. 7, 1953, to Nov. 7, 1953, that I last saw the deceased alive on Nov. 7, 1953, and that death occurred at 3:40p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p style="text-align: center;"><i>Harold Edinger MD</i></p>	23b. ADDRESS <p style="text-align: center;">301 Illinois Ave St. Joe</p>	23c. DATE SIGNED <p style="text-align: center;">11-12-53</p>
---	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">burial</p>	24b. DATE <p style="text-align: center;">11/10/1953</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Memorial Park Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">St. Joseph, Missouri</p>
--	--	---	--

DATE REC'D BY LOCAL REG. <p style="text-align: center;">Nov 17, 1953</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;"><i>Kathleen M. Allison</i></p>	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;"><i>Walter Bowman</i></p>	ADDRESS <p style="text-align: center;">Fun Home</p>
---	--	---	--

(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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed William Spalding.....

Licensed Embalmer No. 4535.....

P. O. Address St. Joseph MO.....

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.