

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1889

State File No.

FILED JAN 12 1954

BIRTH NO. 90437-532 REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5638 Registrar's No.

0560
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sniabar Twms</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sniabar Twms.</u> <u>0540</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>5 Mile Southwest of Odessa</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Brenda</u> b. (Middle) <u>Louise</u> c. (Last) <u>Lepp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-2-54</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Dec 8 1933</u>		9. AGE (In years last birthday) <u>20</u>		10. IF UNDER 1 YEAR Months <u>25</u> Days <u>0</u> Hours <u>0</u> Mins. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mt</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Odessa Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Jack Leslie Lepp</u>		13b. MOTHER'S MAIDEN NAME <u>May Elean Nealey</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Jack L. Lepp</u> ADDRESS <u>Odessa Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>This infant was found dead in bed with the mother at 8 A.M. at the home of one fraternal parent next door to hospital. Asphyxiation due to (b) rise to the above cause (a) starting the underlying cause last. <u>any in Dec 22-25, 8 yrs infant? 24 hrs</u></u>		II. OTHER SIGNIFICANT CONDITIONS <u>Parents were ill over 24 hrs before causing death. Suggestion conditions contributing to the death but not related to the disease or condition causing death. <u>seems most likely cause of death</u></u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NO surgery</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT OR HOMEICIDE (Specify) <u>Supplicator</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Odessa Lafayette Mo</u>	
21d. TIME OF INJURY <u>1-2-54 9A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>In bed while sleeping</u>	

22. I hereby certify that I attended the deceased from birth 12-8, 1933, to Jan 12-8, 1954, that I last saw the deceased alive on Dec 22, 1953, and that death occurred at 9A m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Martin M.D.</u> Lafayette (County or title) <u>Coroner</u>		23b. ADDRESS <u>Odessa Mo</u>		23c. DATE SIGNED <u>Jan 2-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-2-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Camdenston</u>	
24d. LOCATION (City, town, or county) (State) <u>Camdenston, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. Sparks</u>		ADDRESS <u>Odessa Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-2-54</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u>			

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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 T. Sparks

Licensed Embalmer No. #4431

P. O. Address O'Jessa, 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.