

FILED SEP 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26626

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>243</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		d. STREET ADDRESS (If rural, give location) <u>206 W. Elm St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>206 W. Elm St.</u>				d. STREET ADDRESS (If rural, give location) <u>206 W. Elm St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John Henry</u> b. (Middle) <u>Eppenauer</u> c. (Last) <u>Eppenauer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>April 13, 1892</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>0</u>	IF UNDER 1 Mth. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shyrack-Hirst Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linn Creek, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Eppenauer</u>		13b. MOTHER'S MAIDEN NAME <u>Irene Cross</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Eppenauer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WW#1</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Elizabeth Eppenauer J.C. Mo.</u>			
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) <u>Infection of the Myocardium</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 days</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION. <u>4201</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) _____		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>8:20</u> , 19 <u>54</u> , to <u>9:12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9:12</u> , 19 <u>54</u> , and that death occurred at <u>12:45 a.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. Nathan MD</u> (Degree or title)				23b. ADDRESS <u>425 Madison</u>		23c. DATE SIGNED <u>9.13.54</u>	
24a. BURIAL (CREMATION-REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>Sept. 15, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Sept 14-1954</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorriss MD-DR.</u>		25. PUBLIC HEALTH DIRECTOR'S SIGNATURE ADDRESS <u>Victor Breacher Jefferson City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 17 1954

SEP 20 1954

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

Victor Bresche

Licensed Embalmer No.

3701

P. O. Address

Jefferson City

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.