

FILED JAN 28 1955

STANDARD CERTIFICATE OF DEATH

5836 State File No. 8
536 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. _____

| | | | |
|---------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Newton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald | |
| b. CITY (If outside corporate limits, write RURAL and give township) Neosho Rural | | c. CITY OR TOWN Lanagan | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 1 y. | | e. STREET ADDRESS (If rural, give location) 1/2 mile from Lanagan | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Smith Rest Home | | | |

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|-----------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Solomon b. (Middle) _____ c. (Last) Epperson | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 22 1955 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH 9-12-1882 | | 9. AGE (In years last birthday) 72 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) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and State or Foreign Country) Anderson, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|-----------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|-------------------------------------------------------------------------------|--|
| 13a. FATHER'S NAME Mart Epperson | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wes Epperson Goodman, Mo. | |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) acute myocarditis | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 60 days |
| | 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. | | |

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|-------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| 19a. DATE OF OPERATION None | | 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) | | 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 **12-20, 1954**, to **1-22, 1955**, that I last saw the deceased alive on **1-21, 1955**, and that death occurred at **6:45 P.M.**, from the causes and on the date stated above.

| | | | | | |
|----------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|
| 23a. SIGNATURE (Degree or title) Melvin C. Bowmaker | | 23b. ADDRESS L.N. BK Bldg. Neosho Mo | | 23c. DATE SIGNED 1-24-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-25-55 | | 24c. NAME OF CEMETERY OR CREMATORY Anderson Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Anderson, Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark-Bigham Mort. Neosho, Mo. | | | |
| DATE REC'D BY LOCAL REG. 1-25-55 | | REGISTRAR'S SIGNATURE Melvin C. Bowmaker | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark-Bigham Mort. Neosho, Mo. | |

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

730 4

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File Number 155-2
Date Filed JAN 26 1955

NEOSHO, MISSOURI

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.....
Signature of Student Embalmer

Signed Jose O. Sullivan, Jr.

Licensed Embalmer No. 4646

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.