

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9163**

FILED APR 6 1955

BIRTH NO. _____ REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **5988** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY PUTNAM 1		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE MO b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL-ELM TWP		c. LENGTH OF STAY (in this place) 20 yr	c. CITY OR TOWN RURAL
d. FULL NAME OF HOSPITAL OR INSTITUTION UNIONVILLE MO.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 0860	
		e. STREET ADDRESS (If rural, give location) UNIONVILLE-MO.	

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) DAVIS c. (Last) EPPLEY			4. DATE OF DEATH (Month) (Day) (Year) MAR-23-55		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH MAR 5-1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Days 18 Hours 18 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY COAL		11. BIRTHPLACE (City and State or Foreign Country) MO 0	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME LIKE EPPLEY		13b. MOTHER'S MAIDEN NAME Lizzie Worley		14. NAME OF HUSBAND OR WIFE MARY EPPLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. WV		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY EPPLEY UNIONVILLE MO	

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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis & hypertension for years DUE TO (c) CHD II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 10 mins years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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) (Min.)		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 **Feb 2, 1955** to **Mar 23, 1955**, that I last saw the deceased alive on **Mar 23, 1955** and that death occurred at **1:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas L. Guild Do2		23b. ADDRESS 202 Unionville MO		23c. DATE SIGNED 3/24/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE MAR 26 55		24c. NAME OF CEMETERY OR CREMATORY HARTFORD Cem.	
24d. LOCATION (City, town, or county) (State) Putnam Co MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.D. Smith Unionville MO			
DATE REC'D BY LOCAL REG. 4-2-55		REGISTRAR'S SIGNATURE Marcell Deakin		26. LICENSED EMBALMER'S SIGNATURE ADDRESS W.D. Smith Unionville MO	

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed..... *JO Husick*

Licensed Embalmer No. *29*

P. O. Address *Unionville*

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.