

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23371

State File No. ....

No. 300  
10.48

FILED JUL 25 1955

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 208

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

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farmington.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farmington</b>	
c. LENGTH OF STAY (in this place) <b>15 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>215 W 6th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>215 W 6th St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Alfred</b> c. (Last) <b>Pepin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 17 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>March 5, 1907</b>		9. AGE (In years last birthday) <b>48</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>12</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Radio-TV Technician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Radio-TV Service</b>		11. BIRTHPLACE (State or foreign country) <b>Farmington, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>John Pepin</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Reynolds</b>		14. NAME OF HUSBAND OR WIFE <b>Viola Sutherland Pepin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW 2 &amp; Korean</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Viola Pepin, Farmington, Mo.</b>	

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)		<b>Coronary Thrombosis</b>			<b>5 min.</b>
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		PRECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			<b>4201</b>
II. OTHER SIGNIFICANT CONDITIONS		<b>Myocardial infarction</b>			<b>9 mo</b>
Conditions contributing to the death but not related to the disease or condition causing death.					

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)		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, 1954, to July 17, 1955, that I last saw the deceased alive on 6:24, 1953, and that death occurred at 11:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. E. Carleton</b>		23b. ADDRESS <b>M. D. Farmington Mo.</b>		23c. DATE SIGNED <b>7-19-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/20/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>K-P Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Farmington, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>July 19, 1955</b>		REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Miller Funeral Home, Farmington, Mo.</b>	
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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 *Paul K. Dugal*

Licensed Embalmer No. *4120*

P. O. Address *Farmington 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.