

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17025**

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5707** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY McDonald		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) Rural McDonald		c. LENGTH OF STAY (In this place) 49 yrs.	c. CITY OR TOWN Anderson R.R.D.
d. FULL NAME OF HOSPITAL OR INSTITUTION Anderson R.F.D. 1		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 6600	
		e. STREET ADDRESS (If rural, give location) Anderson R.F.D. 1	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) STANLEY	c. (Last) EPPERSON	4. DATE OF DEATH (Month) (Day) (Year) 5 14 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10-8-1868	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 6	Hours 4	Min. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Anderson, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME George W. Epperson	13b. MOTHER'S MAIDEN NAME Nancy Pol	14. NAME OF HUSBAND OR WIFE Emily Bone
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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 G.E. Epperson	ADDRESS Anderson, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Accident		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Chronic Myocarditis		
II. OTHER SIGNIFICANT CONDITIONS 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5-1**, 19**54**, to **5-14**, 19**56**, that I last saw the deceased alive on **5-12**, 19**56**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.W. Blankenship M.D.	23b. ADDRESS Anderson Mo.	23c. DATE SIGNED 5-18-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-19-1956	24c. NAME OF CEMETERY OR CREMATORY Anderson cemetery	24d. LOCATION (City, town, or county) (State) Anderson, Mo.
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DATE REC'D BY LOCAL REG. 5-20-56	REGISTRAR'S SIGNATURE Mayme Humphrey	25. FUNERAL DIRECTOR'S SIGNATURE R.E. Cheatham	ADDRESS Anderson, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 me....., Student Embalmer No. ✓ working under my personal supervision..

Student ✓.....
Signature of Student Embalmer

Signed R.E. Cheatham.....

Licensed Embalmer No. 381

P. O. Address Anderson

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.