Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33137
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 331

1. PLACE OF DEATH
a. COUNTY BOONE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~ST CHARLES~~ COLUMBIA — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U of Mo. Medical Center — Length of stay in 1b 19 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST CHARLES
c. CITY OR TOWN ST CHARLES 0923 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS 815 SPRING AVE. (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First WALTER Middle STEPHENS Last REPLOGLE
4. DATE OF DEATH Month Oct. Day 20 Year 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 12 1891
9. AGE (In years last birthday) 65 — 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) owner restaurant
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (City and state or country) Le Port, Ind
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Stephen Peplogle
14. MOTHER'S MAIDEN NAME Arnetta Hickman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs Angie Peplogle St Charles Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 1) ARTERIOSCLEROTIC HEART DISEASE
2.) CHRONIC LUNG DISEASE - EMPHYSEMA, FIBROSIS, RECENT PNEUMONIA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 3) Multiple Pulmonary Infarcts
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ~~? CARCINOMA OF THE STOMACH~~ 4200

19. WAS AUTOPSY PERFORMED? YES ✓ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct. 1, 1956 to Oct 20, 1956 and last saw ~~her~~ him alive on Oct 20, 1956
Death occurred at 4:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J S Sanders (Degree or title) M.D.
22b. ADDRESS U. of Mo. Medical Center, Columbia, Mo.
22c. DATE SIGNED 10/20/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Oct. 22, 1956
23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery
23d. LOCATION (City, town, or county) St. Charles (State) Mo.

24. FUNERAL DIRECTOR W. C. Dallmeyer & Son ADDRESS St. Charles Mo
25. DATE RECD. BY LOCAL REG. Oct. 20 1956
26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

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NOV 5 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank C. Amalan

Licensed Embalmer No. 48

P. O. Address St. Cha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.