

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36770**

BIRTH NO. _____ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **4515** Registrar's No. **85**

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| 1. PLACE OF DEATH a. COUNTY Sullivan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chariton | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan | | c. CITY OR TOWN Bynumville | 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) 28 1/2 hrs | | e. STREET ADDRESS (If rural, give location) 210 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Sull. Co. Memorial Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Ruth b. (Middle) Edvora c. (Last) Hepworth | 4. DATE OF DEATH (Month) (Day) (Year) 10 29 1956 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH 9-9-1945 | 9. AGE (In years last birthday) 11 MONTHS 1 DAY 20 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Bynumville, Mo |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |

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| 13a. FATHER'S NAME Winfred Hepworth | 13b. MOTHER'S MAIDEN NAME Zelda Smith | 14. NAME OF HUSBAND OR WIFE |
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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) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Winfred Helman | ADDRESS |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic shock | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) skull fracture 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 | 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) Suicide | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clay Sullivan Mo |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 28 56 8A | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? over car accident |
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22. I hereby certify that I attended the deceased from **10/28, 1956**, to **10/29, 1956**, that I last saw the deceased alive on **10/29, 1956**, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE W. W. Harris (Degree or title) MD. | 23b. ADDRESS Harris Mo | 23c. DATE SIGNED 10/30/56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11-9-56 | 24c. NAME OF CEMETERY OR CREMATORY Johnson Park | 24d. LOCATION (City, town, or county) (State) Lagood Mo. |
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| DATE REC'D BY LOCAL REG. 11-9-56 | REGISTRAR'S SIGNATURE Mrs. M. W. Beckett | 25. FUNERAL DIRECTOR'S SIGNATURE Edward D. Bevin | ADDRESS Bevin Inc. |
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WRITE PLAINLY—USING UNFADING 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 *H. G. Edwards*.....

Licensed Embalmer No. *196*.....

P. O. Address *Quincy*.....

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.