Health, & Welfare Public Service

. 300
. 1-56

securing the medical certification in the specific manner required by ... 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 MAR 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9791
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre, Mo. 0941 0
Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bonne Terre Hosp.
Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN: Farmington, Mo. Rt.#1 0940 0
Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes X No ☐

3. NAME OF DECEASED (Type or print): First: Thomas Middle: W. Last: Depper

4. DATE OF DEATH: Month: Mar. Day: 10 Year: 1957

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Oct. 12, 1879
9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months 4 Days 28
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Ste. Genevieve Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas J. Depper
14. MOTHER'S MAIDEN NAME: Martha Wampler

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.: Unknown
17. INFORMANT: Mrs. Thomas Depper Address: Farmington, Mo. Rt.#1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 9 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331 x
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

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 Mar 10/57, to Mar 10/57 and last saw him alive on Mar 10/57
Death occurred at 5 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Alvan Karroker M.D.
22b. ADDRESS: Farmington, Mo
22c. DATE SIGNED: 3-11-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar. 13-57
23c. NAME OF CEMETERY OR CREMATORY: Hillview Memorial Gardens
23d. LOCATION (City, town, or county): Farmington, (State): Mo.

24. FUNERAL DIRECTOR: C.H.Cozean ADDRESS: Farmington, Mo.
25. DATE RECD. BY LOCAL REG.: 3-11-1957
26. REGISTRAR'S SIGNATURE: Esther Rudloff

289 0

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C H Cozean

Licensed Embalmer No. 408

P. O. Address Farington

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