

FILED AUG 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30600

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>149</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Nevada</u>) c. LENGTH OF STAY (In this place) <u>1 year</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. D. Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: rank and room before admission.) a. STATE <u>Kansas</u> b. COUNTY <u>Bourbon</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Scott</u> d. STREET ADDRESS (If rural, give location) <u>526 Sunset Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Hepler</u> c. (Last) _____			4. DATE OF DEATH (Month) <u>August</u> (Day) <u>18</u> (Year) <u>1957</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>1-19-1867</u>		9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Vicksburg, Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Silas Morse</u>		13b. MOTHER'S MAIDEN NAME <u>Betsy Carroll</u>		14. NAME OF HUSBAND OR WIFE <u>Elwood C. Hepler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Irene Calhoun-Ft. Scott, Kansas</u> ADDRESS _____				
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Cerebral Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>1 yr</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<u>331X</u>
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 <u>Jan 57</u> , to <u>Aug 18 57</u> , that I last saw the deceased alive on <u>Aug 18 57</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>P. Raudler MS</u> (Degree or title)				23b. ADDRESS <u>Ft. Scott, Kansas</u>		23c. DATE SIGNED <u>8/20/57</u>	
24a. BURIAL, CREMATION, (REMOVING TO) (Specify) _____		24b. DATE <u>8-20-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fort Scott, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>8-22-1957</u>		REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Al Shapata</u> ADDRESS <u>Home 123 Hartway - Ft. Scott, Kansas</u>		

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

4510

STATEMENT BY LICENSED EMBALMER

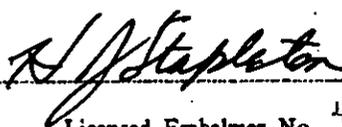
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4921

P. O. Address Fort Scott, Kansas

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.