

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043691
STATE FILE NUMBER

FILED DEC 24 1958

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 190

S. 300
v. 1-57

BEADWIN

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kennett Mo. 03520
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Memorial Hospital		Length of stay in lb 14 years	d. STREET ADDRESS (If outside, give location) 307 Slicer St
3. NAME OF DECEASED (Type or print) First Forrest Middle Carl Last Pepple			4. DATE OF DEATH Month Dec. Day 14 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 8- 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frisco Railroad Agent		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Shawneetown ILL
13a. FATHER'S NAME Charles Pepple		13b. MOTHER'S MAIDEN NAME Sarah McCorkle	14. NAME OF HUSBAND OR WIFE Hazel Pepple
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. 702-12-8203	17. INFORMANT Address Mrs. Hazel Pepple Kennett Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Rheumatic Heart Mitral Lesion DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410X			INTERVAL BETWEEN ONSET AND DEATH 6 Hours 20 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 12-1-1950 to 12-14-58 and last saw her alive on 12-14-58 Death occurred at 8:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joe Edlwin (Degree or title) M.D.		22b. ADDRESS Kennett Mo.	22c. DATE SIGNED 12-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-16-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery	23d. LOCATION (City, town, or county) (State) Steele Mo.
24. FUNERAL DIRECTOR Lentz Service ADDRESS Kennett Mo.		25. DATE RECD. BY LOCAL REG. 12-15-1958	26. REGISTRAR'S SIGNATURE Carl Husband

JAN 19 1959

COUNTY FILE NUMBER 358 - 319

MAR 20 1963

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 Edward Lee Ford

Licensed Embalmer No. 4433
P. O. Address Kennett Mo.

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.