RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1959

59-029782

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 238

DED

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence 1212 Lyon — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1212 Lyon — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EDWARD Middle M. Last EPLEY

4. DATE OF DEATH: Month August Day 4 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/13/1864
9. AGE (last birthday): 95 — IF UNDER 1 YEAR: Months 5 Days 21 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wholesale Fruit Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Burton Illinois
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: John Wesley Epley
13b. MOTHER'S MAIDEN NAME: Rachel Blivens
14. NAME OF HUSBAND OR WIFE: Anna Mae Garland Epley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Anna Mae Epley, Address: Hannibal Missouri

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 _____, to _____ and last saw her/him alive on 8/3/59
Death occurred at 12:01 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. J. Roller (Degree or title) M.D.
22b. ADDRESS: Hannibal Missouri
22c. DATE SIGNED: Aug 6/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/6/1959
23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet
23d. LOCATION (City, town, or county): Hannibal Missouri (State)

24. FUNERAL DIRECTOR: W. Crawford Smith — ADDRESS: Hannibal Missouri
25. DATE RECD. BY LOCAL REG.: 8/14/59
26. REGISTRAR'S SIGNATURE: [signature] By W C Fisher

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missou

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