

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS JAN 25 1960 042

Primary Registration District No. 1000

Registrar's No. 59

60-000307
60-000307
STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 18 Days	c. CITY OR TOWN Rushville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL, HOSPITAL OR INSTITUTION Wilson Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1611 N. 11th St.					
3. NAME OF DECEASED (Type or print) Lebert Leon Epperson			4. DATE OF DEATH Jan. 6, 1960		
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 Jan. 22, 1878	9. AGE (last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter and Farmer		10b. KIND OF BUSINESS OR INDUSTRY Hephurn, Iowa		9. AGE (last birthday) 81	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Thomas Epperson		13b. MOTHER'S MAIDEN NAME Abigail - Unknown		14. NAME OF HUSBAND OR WIFE Anna Warren Epperson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Lawrence Epperson, Atchison, Kan.	
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 3 WEEKS
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 DECEMBER 22, 1958 to JAN. 2, 1960 and last saw ^{her} him alive on JAN. 2, 1960 Death occurred at 1/6/60 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) L.H. Pifer, M.D.		22b. ADDRESS Bozeman, St. Joseph		22c. DATE SIGNED JAN. 11, 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/8/1960	23c. NAME OF CEMETERY OR CREMATORY Sugar Creek	23d. LOCATION (City, town, or county) (State) Rushville, Mo.		
24. FUNERAL DIRECTOR Stanton Mortuary, Atchison, Kan.		25. DATE RECD. BY LOCAL REG. Jan. 18, 1960	26. REGISTRAR'S SIGNATURE Mr. Clark Goodell		

DOCUMENT

MEDICAL CERTIFICATION
L.H. Pifer, M.D.

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 _____
Signature of Student Embalmer

Signed Emilia Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph

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.