

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018078

ED VS MAY 10 1960  
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Registration District No. 354 Primary Registration District No. 6197 Registrar's No. 55 STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Texas</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Burdine twp.</u> Length of stay in 1b <u>26 yrs.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u> c. CITY OR TOWN <u>Burdine twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>3 mi. SE Cabool</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Henry</u> Middle <u>G.</u> Last <u>Pepmeior</u>		<b>4. DATE OF DEATH</b> Month <u>4</u> Day <u>28</u> Year <u>60</u>	

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-2-1891</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Shannon City, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Henry Pepmeior</u>			13b. MOTHER'S MAIDEN NAME <u>Sophia Nagel</u>		14. NAME OF HUSBAND OR WIFE <u>Grethel Pepmeior</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Grethel Pepmeior, Cabool, Mo.</u>			

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY Occlusion</u> DUE TO (b) <u>CORONARY Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 days</u>  <u>UNKNOWN</u>
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"/>	

20a. 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 <u>1955</u> to <u>4/28/60</u> and last saw <sup>her</sup> him alive on <u>4/28/60</u> Death occurred at <u>3:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Chas. Spears M.D.</u> (Degree or title)	22b. ADDRESS <u>Cabool, Mo.</u>	22c. DATE SIGNED <u>5/3/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>5-10-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cabool Cemetery</u>
24. FUNERAL DIRECTOR ADDRESS <u>Elliott-Gentry, Cabool, Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Cabool, Mo.</u>
25. DATE RECD. BY LOCAL REG. <u>5-6-60</u>		26. REGISTRAR'S SIGNATURE <u>Raymond Cunningham</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS  
DEC 28 1960

JAN 3 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James L. Gentry

Licensed Embalmer No. 4718  
P. O. Address Calool,

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