

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034540

FILED VS SEP 19 1960

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 221

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Henry</b>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>			Length of stay in 1b <b>3 yrs</b>		c. CITY OR TOWN <b>Clinton, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>704 E. Lincoln</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>704 E. Lincoln</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <b>Viola</b> Middle <b>Epperson</b> Last <b>Epperson</b>				4. DATE OF DEATH Month <b>Sept</b> Day <b>11</b> Year <b>1960</b>											
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-25-1886</b>		9. AGE (last birthday) <b>74</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <b>Henry Co Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>Colter Scott</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Ida Wells</b>				14. NAME OF HUSBAND OR WIFE <b>Isaac Epperson</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO.				17. INFORMANT <b>Isaac Epperson Clinton, Mo</b>				Address <b>704 E. Lincoln</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>General arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b> <b>8 years</b>					
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 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____				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 <u>1955</u> to <u>Aug 1960</u> and last saw her <u>alive on 9-9-60</u> Death occurred at <u>1:30 Pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <i>James O. Smith MD</i> (Degree or title)						22b. ADDRESS <b>106 S. Third Clinton, Missouri</b>				22c. DATE SIGNED <b>9-12-1960</b>					
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE <b>9-13-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Finey cemetery</b>				23d. LOCATION (City, town, or county) (State) <b>Henry Co Missouri</b>							
24. FUNERAL DIRECTOR <b>Sickman &amp; Dunning F H Clinton, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>Sept. 13, 1960</b>				26. REGISTRAR'S SIGNATURE <i>Killedred Bigum</i>							

DOCUMENT

MEDICAL CERTIFICATION

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 Robert L. Dunning

Licensed Embalmer No. 471

P. O. Address Clinton

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