

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045876

FILED VS DEC 3 0 1960

Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 37

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kaolin		Length of stay in 1b 3 mo.		c. CITY OR TOWN Ironton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Belleview Nursing Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 314 S. Shepherd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LULU LUDELPHIA KEPNER				4. DATE OF DEATH Month Day Year Dec. 2 1960				
5. SEX fem	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 11 82	9. AGE (last birthday) 78	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) at home		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Centerville Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Thomas Howell			13b. MOTHER'S MAIDEN NAME Sarah Fahland			14. NAME OF HUSBAND OR WIFE Lee Kepner		
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. no		17. INFORMANT Address Oscar Howell, Belleview 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) Arteriosclerosis							INTERVAL BETWEEN ONSET AND DEATH 4 years	
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 8-25-55 to 12-2-60 and last saw her ^{her} _{him} alive on 11-25-60 Death occurred at 1.45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Marion C. Moore MD</i>				22b. ADDRESS Ironton, Missouri		22c. DATE SIGNED 12-3-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12-4-60	23c. NAME OF CEMETERY OR CREMATORY Howell Cemetery		23d. LOCATION (City, town, or county) Belleview Mo.		(State)	
24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. Dec 22 - 1960	26. REGISTRAR'S SIGNATURE <i>Mrs. Elizabeth Logan</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Lucy J. White
(Licensed Embalmer's Statement on Reverse Side)

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 Excel J White

Licensed Embalmer No. 8012

P. O. Address Quinton Ave

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.