

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013365
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 382

AMENDED

FILED APR 24 1961	
1. PLACE OF DEATH	
a. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Length of stay in lb <u>1 week</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Johns Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <u>Missouri</u> COUNTY <u>Greene</u>	
c. CITY OR TOWN <u>Strafford</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>(no street address)</u> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last	
<u>JAMIE LOVE KEPLEY</u>	
4. DATE OF DEATH Month Day Year	
<u>April 15 1961</u>	
5. SEX	6. COLOR OR RACE
<u>Female</u>	<u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
	<u>Sept 17, 1879</u>
9. AGE (last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR
<u>81</u>	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
<u>Housewife</u>	<u>Own Home</u>
11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
<u>Greene Co., Mo.</u>	<u>U.S.A.</u>
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME
<u>Robert Love</u>	<u>Margaret Piper</u>
14. NAME OF HUSBAND OR WIFE	
<u>---</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT Address
<u>no</u>	<u>Miss Hattie Love, Strafford, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
- DUE TO (b) <u>Cardiac decompensation</u>	
- DUE TO (c) <u>Pericardial Anemia</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
<u>Plural effusions abd. ascites</u>	
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>4/2/61</u> to <u>4/15/61</u> and last saw her ^{her} _{him} alive on <u>4/15/61</u>	
Death occurred at <u>8:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	22b. ADDRESS
<u>W. Roland Langston M.D.</u>	<u>Springfield</u>
22c. DATE SIGNED	
<u>4/17/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
<u>Burial</u>	<u>April 18, 1961</u>
23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Danforth</u>	<u>near Strafford, Missouri</u>
24. FUNERAL DIRECTOR <u>Jewell E. Windle B.W.</u> ADDRESS	25. DATE RECD. BY LOCAL REG.
<u>Jewell E. Windle, Springfield, Mo.</u>	<u>4-21-61</u>
26. REGISTRAR'S SIGNATURE	
<u>Effie H. Melton</u>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Lawell E. Windle

Licensed Embalmer No. 4737

P. O. Address Springfield

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.