

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033311

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 4844 Registrar's No. 145

FILED OCT 3 1961

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Cartersville</b>                |  | Length of stay in 1b<br><b>65 Yrs.</b>  | c. CITY OR TOWN <b>Cartersville</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>202 W. Hannum St.</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>202 W. Hannum St.</b> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Mamie L. Kepple</b>              |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>Sept. 24, 1961</b>            |   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9-28-1889</b>                                   | 9. AGE (last birthday)<br><b>71</b>       | IF UNDER 1 YEAR<br>Months <b>28</b> Hours <b>Min.</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during life, even if retired)<br><b>Housewife</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Morristown, Tenn.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |   |

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| 13a. FATHER'S NAME<br><b>A.C. Breeden</b>   | 13b. MOTHER'S MAIDEN NAME<br><b>Sallie Cline</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Edward R. Kepple</b>                            |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | 16. SOCIAL SECURITY NO.                          | 17. INFORMANT<br><b>Edward R. Kepple, 202 W. Hannum St Cartersville, Missouri</b> |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>   |  | <b>1 hour</b>                    |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <b>Generalized arteriosclerosis</b> | <b>5 years</b>                   |
|  | DUE TO (c) <b>with hypertension</b>            |                                  |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>s.m. p.m.   |   |  |              |
| 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 3-1-48 to 9-24-61 and last saw her live on 9-24-61  
Death occurred at 6:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title)<br><b>James J. Flaherty M.D.</b> | 22b. ADDRESS<br><b>Cartersville, Missouri</b> | 22c. DATE SIGNED<br><b>9-25-61</b> |
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| 23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>9-26-61</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Cartersville Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Cartersville, Mo.</b> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><b>Johnston-Simpson, Webb City, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>9-27-1961</b> | 26. REGISTRAR'S SIGNATURE<br><b>L. J. Lewis Jr. (Dep. Reg.)</b> |
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DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Jack C. Simpson

Licensed Embalmer No. 4547

P. O. Address Webb City, Mo.

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.