

## SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040846

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. \_\_\_\_\_ Registrar's No. 271

AMENDED

FILED DEC 4 1961

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor</u>		Length of stay in lb <u>38 days</u>		c. CITY OR TOWN <u>Longwood</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> <u>Community Convalescent</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>none</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>A.</u> Last <u>Epple</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>23</u> Year <u>-1961</u>										
5. SEX <u>F</u>		6. COLOR OR RACE <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>11-21-1862</u>		9. AGE (last birthday) <u>99</u>		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) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>				11. BIRTHPLACE (City and state or country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>			
13a. FATHER'S NAME <u>John Thomas Totam</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Ann Vaughn</u>				14. NAME OF HUSBAND OR WIFE <u>David Epple</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. <u>None</u>				17. INFORMANT Address _____					
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>Circulatory Collapse</u> DUE TO (b) <u>Arteriosclerosis Heart Disease</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>2 days</u> <u>3 yrs.</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 checked="" 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 <u>Sept., 1961</u> to <u>Nov. 15, '61</u> and last saw her alive on <u>Nov. 15, 1961</u> - Death occurred at <u>4:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>William J. Smith MD</u> (Degree or title)				22b. ADDRESS <u>103 W. Colt Windsor, Mo.</u>				22c. DATE SIGNED <u>11-25-61</u>					
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE <u>11-25-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Longwood Cemetery Longwood, Mo.</u>		23d. LOCATION (City, town, or county) (State)							
24. FUNERAL DIRECTOR <u>The Bronningers - Warrensburg</u>		ADDRESS <u>Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 27, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>							

(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 Ellis M. Hunter

Licensed Embalmer No. 3391

P. O. Address Windsor,

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.