

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043354

STATE FILE NUMBER

AMENDED

FILED NOV 20 1961

Primary Registration District No. 618.5 Registrar's No. 99

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Sullivan									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Union Twp.		Length of stay in 1b Life		c. CITY OR TOWN Green Castle		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 mi. S. of Green Castle			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8 mi. S. of Green Castle		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Paul Middle Christian Last Jepson				4. DATE OF DEATH Month November Day 6 Year 1961									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 9/16/1890		9. AGE (last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY General farming		11. BIRTHPLACE (City and state or country) Sticklerville, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Knud P. Jepson				13b. MOTHER'S MAIDEN NAME Andrea M. Paulson				14. NAME OF HUSBAND OR WIFE Divorced					
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. Don't know		17. INFORMANT Address Leppie Jepson, Green City, 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) <i>Cardiomyopathy</i>										INTERVAL BETWEEN ONSET AND DEATH <i>5 mo</i>			
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"/> N. <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 <i>Green Castle</i>		COUNTY <i>Sullivan</i>		STATE <i>Mo.</i>					
21. I attended the deceased from <i>July 1959</i>				and last saw him alive on <i>Nov. 4, 1961</i>		Death occurred at <i>ADPX 6 A.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Paul J. Jepson M.D.</i>				(Degree or title)		22b. ADDRESS <i>Sticklerville Mo</i>		22c. DATE SIGNED <i>11/19/61</i>					
23a. BURIAL OR CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 10, 1961		23c. NAME OF CEMETERY OR CREMATORY Hannah Cemetery		23d. LOCATION (City, town, or county) (State) Sullivan County, Missouri							
24. FUNERAL DIRECTOR <i>Shawn E. Heat & Son, Green City, Mo.</i>				ADDRESS <i>11-13-61</i>		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <i>Mrs. M. W. Beckett</i>					

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green 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.