

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045527

Registration District No. 200 Primary Registration District No. _____ Registrar's No. Vol STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED JAN 2 1962

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bevier Length of stay in 1b _____
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Chariton
c. CITY OR TOWN Bynumville. Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) R.F.D. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Rodick Dean Hepworth Dec. 3. 1961

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4/15/1930 9. AGE (last birthday) 31 IF UNDER 1 YEAR IF UNDER 24 HR
Months 4 Days 15 Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY General 11. BIRTHPLACE (City and state or country) Bynumville, Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Archie Hepworth. 13b. MOTHER'S MAIDEN NAME Jane McBean 14. NAME OF HUSBAND OR WIFE None

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. _____ 17. INFORMANT Archie Hepworth Bynumville, Mo 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) Accidental drowning INTERVAL BETWEEN ONSET AND DEATH 3-4 hrs
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.
 Yes N. Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 _____ to _____ and last saw her/him alive on _____
Death occurred at 2:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl T. Pinker M.D. (Degree or title) 22b. ADDRESS Macon, Mo. 22c. DATE SIGNED 12/11/61

23a. BURIAL, CREMATION, REMOVAL (Specify) B 23b. DATE 12/6/1961 23c. NAME OF CEMETERY OR CREMATORY Johnson 23d. LOCATION (City, town, or county) (State) Bynumville. Mo

24. FUNERAL DIRECTOR James McLaughlin Marsefield. mo ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 12/20/61 26. REGISTRAR'S SIGNATURE Cuth McCreely

JAN 4 1962

JAN 3 1962

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 Gerald T Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.