

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017673
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 325 Primary Registration District No. 4476 Registrar's No. 59

FILED MAY 4 1962

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Downing</u>		Length of stay in 1b <u>30 years</u>	c. CITY OR TOWN <u>Downing</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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Downing</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Clarence Edward Lepper</u>			4. DATE OF DEATH Month Day Year <u>April 25, 1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-29-87</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days <u>6 26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Repairman</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Sully Co., S. Dakota</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Clark Lepper</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Wilkinson</u>		14. NAME OF HUSBAND OR WIFE <u>Beth Lepper</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Beth Lepper - Downing, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocarditis - arterial</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterial Hypertension (Sclerosis)</u>	
	DUE TO (c) <u>Arterial Hypertension Sclerosis</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Viral Infection of Respiratory System</u>		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	
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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.) <u>Heart Disease</u>
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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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Downing, Missouri</u>
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21. I attended the deceased, from <u>Jan-1955</u> to <u>4-25-62</u> and last saw him alive on <u>April 25-1962</u> Death occurred at <u>6 P.m.</u> 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) <u>C. M. Browning, M.D.</u>	22b. ADDRESS <u>Memphis, Mo.</u>	22c. DATE SIGNED <u>4-27-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 28, 62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Downing Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Downing, Missouri</u>
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24. FUNERAL DIRECTOR <u>Moore Funeral Home - Downing, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>April 27, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Florence Shepherd</u>
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VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis 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.

Permit obtained 4-27-1962