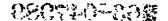
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

N DEP	NIS AR	SC)UR	l I	DI\ Bue	/15	ION OF HEALTH - STANDARD CERTIFICATE OF DEATH HEALTH AND WELFARE	7989
DO NOT WRITE ON THIS STUB		A	MEND	ED	ı		egistration District No. 149 Primary Registration District No. 1002 Registrat's No. 6550'	E NUMBER
VS 300	_	<u> </u>	1	1 1	-		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institute a country Jackson a. STATELISSOURI b. COUNTY Henry	ion: Residence before
Rev. 4/59		AMENDED			- 1	_	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY	Inside Limits
	ı	¥			- 1		TOWNKansas City ZO days TOWN Clinton	Yes No
1	╷╽	₹	-		Į	_	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location)	Reside on Farm
20420	_	DATE			ı	_	INSTITUTION General Hospital Med. Ct. Yes D No D ADDRESS R. R. # 5	Yes No
3	_	ヿ	\top	П	- 1	3.	(Type or print)	ay Year
4 6		j					Isaac Ashford Epperson DEATH November 2	
4 ()					-	5.	SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (1est birthday) IF UNDER 1 Male Widowed 12 Divorced 3-3-1883 80 Months D	YEAR IF UNDER 24 HR
5 2					ł	10	· · · · · · · · · · · · · · · · · · ·	OF WHAT COUNTRY
6	Ş				- 1	10.	during most of working life, even if retired) farmer Henry Co., Mo. U. S.	_
7 ()	힐				- 1	134	a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR	
, <i>O</i>	ᅙ			1	- 1		John F. Epperson Sara E. Mac Namee Viola Epperson	on
8 ()	S		1		- 1		. WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Robert Chance R. R. #	inton, Mo.
9/99.2	RE,				. 1	``	110	INTERVAL BETWEEN
10	₹					ı	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: pneumonia, bilateral aspiration	ONSET AND DEATH
11	8	<u>ة</u>			≶		IMMEDIATE CAUSE (a)	
	ပ္ထ	위			DOCUMEN		Conditions if any 1 DUE TO (b) post operative carcinoma of either primary spins	1 cord
12,5 7- 0	2	NSTEAD			_	1	Conditions, if any, which gave rise to above cause (a),	
13	ᆵ	╧┼	+	\vdash	- 1		ataling the under- lying cause last. DUE TO (c)	
	ON	1]]	1	징	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II (a)	sed was female was egnancy in last 90 days.
	TS			11	- 1	Ĭ	Yes	□ No □ Unknown
	AMENDMENTS					CERTIFICAT	19. WAS AUTOPSY 20. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PA	RT (I of item 18.)
y O	AMEN					MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
BLACK INK OR RITER RIBBON					ł	>	20d. INJURY OCCURRED WHILE AT WORK 100	STATE
A S E		유			- 1	ص ص	21. I attended the deceased from 10-28-63 to 11-29 -63 and last saw her him alive on 11-29-6	<u> </u>
B, III		<u>~</u>	1	H	Ŀ	<u> </u>	Death occurred atm on the date stated above, and to the best of my knowledge, from	the causes stated.
USE PEW		SHOULD READ			ь Б	됩	22a SIGNATURE (Degree of title) 22b. ADDRESS	22c. DATE SIGNED
USE BLACH OR TYPEWRITER		꽃				يج	Same Eli ma 2400 Cherry	11-29-63
•		o l	+	H	AFFIDAVIT	ជា 23	e. BURIAL, CREMATION, 236. DATE REMOVAL (Specify) BURIAL 12-2-63 Piney Cemetery 12-2-63 Finey Cemetery 12-2-63	(State)
		TEM NO.				.24	burial 12-2-63 Finey Cemetary FUNERAL DIRECTOR ickman-Dunning F. H. Clinton, Mo. 12-4-63 Lasel 6	itt
		=		Ιl	ፚ		12-4-03	

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer	No
working unde	r my personal supervision.		
Student		Signed	
	Signature of Student Embalmer		•
		Licensed Embalmer No	·
·	_	·· · P. O. Address	

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.