

FILED SEP 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 26378

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>100</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u> <u>0191</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u> <u>0191</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>				d. STREET ADDRESS (If rural, give location) <u>1002 Elm.</u> <u>0</u>			
3. NAME OF DECEASED a. (First) <u>John Morehead</u> b. (Middle) <u>Ephland</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 23-1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 24-1857</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>29</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer 14 yrs</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (State or foreign country) <u>North Carolina U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Will Ephland</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Forrester</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Stroud Died</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'S SIGNATURE OR NAME ADDRESS <u>Gilbert Ephland, Lisle MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DIABETIS MELITUS</u>							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIAC FAILURE</u> DUE TO (c) <u>SENILITY</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
		<u>260X</u>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
				<u>260X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. (INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-10</u> , 19 <u>39</u> , to <u>8-23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-23</u> , 19 <u>51</u> , and that death occurred at <u>10:00</u> A. M., from the causes and on the date stated above.							
23a. SIGNATURE <u>Gilbert Ephland</u>				(Degree or title) <u>MO</u>		23b. ADDRESS <u>Harrisonville MO</u>	
23c. DATE SIGNED <u>8-25-51</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 27 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOPKINS Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Hopkins MO.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 25 1951</u>		REGISTRAR'S SIGNATURE <u>Nora Bernard</u>		457		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harrisonville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....
Frank Ottumiser

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

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 this body is not embalmed, fact should be so stated above.

Mo