

No. 300
10.48

FILED JAN 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 541
Registrar's No. 1

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4088

180

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Carter | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carter | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellsinore | | c. LENGTH OF STAY (In this place) _____ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellsinore | |
| | | d. STREET ADDRESS (If rural, give location) _____ | |

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|-------------------------------------|--------------------------|------------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Lillie | b. (Middle) Mae | c. (Last) Epperson | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 20, 1952 |
|-------------------------------------|--------------------------|------------------------|---------------------------|--|

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|----------------------|-------------------------------|---|--------------------------------------|---|--|---|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Apr. 6, 1898 | 9. AGE (In years last birthday) 53 | IF UNDER 1 YEAR Months 9 Days 11 | IF UNDER 24 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|--------------------------------------|---|--|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Ellsinore, Mo. 0 | 12. CITIZEN OF WHAT COUNTRY? USA |
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|---------------------------------------|--|---|
| 13a. FATHER'S NAME Albert Moss | 13b. MOTHER'S MAIDEN NAME Matilda Leach | 14. NAME OF HUSBAND OR WIFE Carl Larkin Epperson |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME Carl Larkin Epperson ADDRESS Ellsinore, Mo |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis and Hypertension DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION Jan 22 1952 | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) _____ |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. | 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 **1-20-1952** to **1-20-1952** that I last saw the deceased alive on **1-20-1952**, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|---|-----------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) O. H. Bond M.D. | 23b. ADDRESS Piedmont, Mo. | 23c. DATE SIGNED 1-21-52 |
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|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1/22/52 | 24c. NAME OF CEMETERY OR CREMATORY Carson Hill | 24d. LOCATION (City, town, or county) (State) Near Mill Spring, Mo. |
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| DATE REC'D BY LOCAL REG. Jan. 22-52 | REGISTRAR'S SIGNATURE Mrs. Oeta Henson | 50-2 | 25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home ADDRESS Piedmont, Mo. |
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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.....

..... *me* Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Alvin E. Bould*.....

Licensed Embalmer No. *4426*.....

P. O. Address: *Redmont, 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 this body is not embalmed, fact should be so stated above.