

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28034

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3513</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			c. LENGTH OF STAY (In this place) <u>30 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kearney</u>			d. STREET ADDRESS (If rural, give location) <u>X</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hosp</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u>			b. (Middle) <u>Beatrice</u>		c. (Last) <u>Epler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Aug 27 1866</u>		9. AGE (In years last birthday) <u>85</u>	UNDER 1 YEAR Months _____ Days _____	OVER 1 YEAR Years _____ Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeping</u>		11. BIRTHPLACE (State or foreign country) <u>Woodland Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>W.P. Jackson</u>			13b. MOTHER'S MARDEN NAME <u>Sarah F Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>J.W. Epler</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Francis Goorey</u>				ADDRESS <u>Monroe City</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Embolism</u>						INTERVAL BETWEEN DEATH AND DEATH <u>48 hrs</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							<u>332*</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)					
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 <u>Jan</u> , 19 <u>42</u> , to <u>Aug 5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Aug 5</u> , 19 <u>52</u> , and that death occurred at <u>8 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Glenn W. Henderson</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>35 and Liberty Mo</u>			23c. DATE SIGNED <u>8-6-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 8-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Silver City Iowa</u>		24d. LOCATION (City, town, or county) (State) <u>Silver City Iowa</u>				
DATE REC'D BY LOCAL REG. <u>8-6-52</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Fry</u>		ADDRESS <u>Kearney Mo</u>			

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leonard Fry.....

Licensed Embalmer No. 1677.....

P. O. Address Kearney 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.