

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35209

State File No.

FILED OCT 19 1953

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5157</u>		Registrar's No. <u>333</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Auxvasse Twp.</u>		c. LENGTH OF STAY (In days) <u>14</u>		c. CITY OR TOWN <u>Auxvasse Twp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD Steedman Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>RFD Steedman</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eda</u>			b. (Middle) <u>Rose</u>			c. (Last) <u>Cepicky</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15, 1953</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 30/1882</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Osage County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Chris Binggeli</u>			13b. MOTHER'S MAIDEN NAME <u>Lena Burre</u>			14. NAME OF HUSBAND OR WIFE <u>Adolph Cepicky</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or <u>None</u>) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Adolph Cepicky Steedman 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rumatic Heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arthritides</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>about 1 yr.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>				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) (Min.)		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>June 1, 1953</u> , to <u>10-15, 1953</u> , that I last saw the deceased alive on <u>10-12, 1953</u> , and that death occurred at <u>11:30 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. O. Payne MD</u>				23b. ADDRESS <u>R #6 Fulton Mo.</u>		23c. DATE SIGNED <u>14/17/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 18/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Steedman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Steedman Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 17-1953</u>		REGISTRAR'S SIGNATURE <u>Maritta Lawrence</u>		426-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marion Funeral Home Fulton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 2555
P. O. Address Fuller

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.