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FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 4252

State File No. 13814

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3-032 Registrar's No. 50

3

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

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centerview
c. LENGTH OF STAY (in this place): 60 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Centerview School Building

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN: Centerview
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): RFD Centerview 0510

3. NAME OF DECEASED (Type or Print)
a. (First): Genevieve
b. (Middle): Blanche
c. (Last): Repp

4. DATE OF DEATH (Month) (Day) (Year): April 14, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 18, 1880
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): West Newton, Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Albert G. Cunningham
13b. MOTHER'S MAIDEN NAME: Mary E. Rankin
14. NAME OF HUSBAND OR WIFE: William A. Repp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: W. A. Repp, Centerview, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 5 years
DUE TO (c)

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 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-31, 1956, *to* 4-14, 1956, *that I last saw the deceased alive on* 4-14, 1956, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. L. Damron, M.D.
23b. ADDRESS: Warrensburg, Mo.
23c. DATE SIGNED: 4-16-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 16 Apr 56
24c. NAME OF CEMETERY OR CREMATORY: Centerview
24d. LOCATION (City, town, or county) (State): Centerview, Missouri

DATE REC'D BY LOCAL REG.: Apr. 16, 1956
REGISTRAR'S SIGNATURE: Savannah Crutchfield
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Sweeney-Phillips, Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 23 1956
JOHNSON COUNTY HEALTH DEPT.

APR 30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John P. Rodgers

Licensed Embalmer No. 4963
Warrensburg, Missouri
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.