

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017187

STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kirkville TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirkville 0013 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 312 W. Normal		Length of stay in 1b yrs	d. STREET ADDRESS (If outside, give location) 312 W. Normal Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Roxie Belle Epperson <i>First Middle Last</i>			4. DATE OF DEATH May 9, 1958 <i>Month Day Year</i>
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 20, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 83 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) Schuyler County, Mo 0		12. CITIZEN OF WHAT COUNTRY? U. S.A.	
13. FATHER'S NAME Calvin Cass		14. MOTHER'S MAIDEN NAME Fannie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give year or dates of service) No X		16. SOCIAL SECURITY NO. X	17. INFORMANT Address Miss Grace Epperson, Kirkville, Mo
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriodclerosis DUE TO (c) Senility 332 X			INTERVAL BETWEEN ONSET AND DEATH Several days Several yrs Several yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic nephritis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from July 1952 to May 8, 1958 and last saw her alive on May 8, 1958 Death occurred at (dead upon arrival) m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John R. Roderick <i>(Signature of Signer)</i>		22b. ADDRESS Kirkville, Mo.	22c. DATE SIGNED 5/9/58
23a. BURIAL, CREMATION, SPECIAL SPECIFY Burial	23b. DATE 5/11/58	23c. NAME OF CEMETERY OR CREMATORY Queen City Cemetery	23d. LOCATION (City, town, or county) (State) Queen City, Mo.
24. FUNERAL DIRECTOR Paul W. Patey ADDRESS Kirkville, Mo.		25. DATE RECD. BY LOCAL REG. 5-13-58	26. REGISTRAR'S SIGNATURE Dora W. Pottliff

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0013

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.....
Kenneth E Hayes

Licensed Embalmer No. *489*

P. O. Address *Kinboyle*

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.