

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006813

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 316 PRIMARY REGISTRATION DISTRICT NO. 3060 REGISTRAR'S NO. 60

300
1-57

1. PLACE OF DEATH a. COUNTY <u>St Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u>)				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Farmington</u> <u>094/0</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>221 E. 1st St.</u>		Length of stay in lb <u>3 wks</u>		d. STREET ADDRESS (If outside, give location) <u>221 E. 1st St.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Sepaugh</u> Last <u>Sepaugh</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>12</u> Year <u>1959</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 2, 1885</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>9</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>laborer</u>		11. BIRTHPLACE (City and state or country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>				
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. <u>Unknown</u>		17. INFORMANT <u>Drivers License Certificate</u> Address <u>Unknown</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myo carditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>unknown</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4500</u>						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 <u>4:00</u> Month <u>Feb</u> Day <u>12</u> Year <u>1959</u> a.m. <u>0</u> p.m. <u>0</u>								
20d. INJURY OCCURRED WHILE AT <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 <u>Farmington</u>		COUNTY <u>Missouri</u> STATE <u>Missouri</u>		
21. I attended the deceased from <u>Feb 1 - 1959</u> to <u>Feb 12 - 1959</u> and last saw her ^{her} alive on <u>Feb 9 - 1959</u> Death occurred at <u>10:00</u> <u>am</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Stanfield</u> (Degree or title)			22b. ADDRESS <u>Farmington Mo</u>		22c. DATE SIGNED <u>2/14/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>2/16/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>K-P Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Farmington, Missouri</u>			
24. FUNERAL DIRECTOR <u>Miller Funeral Home, Farmington, Missouri</u>			ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Feb. 16, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Gather Rudloff</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Paul H. Deuel* _____

Licensed Embalmer No. *4120* _____

P. O. Address *Farmington, Me.* _____

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.