

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023713

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 80 Primary Registration District No. 5307 Registrar's No. 8

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0260  
2 0269  
3  
4 0  
5 1  
6  
7 0  
8 0  
9 4201  
10  
11  
12 90-2  
13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED JUL 3 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <u>COLE</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporation, town or township, give township only) <u>CHARK TWP. 60 YRS</u>	a. STATE <u>Missouri</u> b. COUNTY <u>COLE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LOHMAN Mo.</u>	c. CITY OR TOWN <u>CHARK TWP.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	d. STREET ADDRESS (If outside, give location) <u>LOHMAN Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First <u>ARTHUR</u> Middle <u>P</u> Last <u>SCHEPERLE</u>	4. DATE OF DEATH Month <u>JUNE</u> Day <u>29</u> Year <u>1963</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 26 1902</u>
9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>FARM</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>
11. BIRTHPLACE (City and state or country) <u>LOHMAN Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>WM. H. SCHEPERLE</u>	13b. MOTHER'S MAIDEN NAME <u>ADDA KIRCHNER</u>
14. NAME OF HUSBAND OR WIFE <u>ELSIE SCHEPERLE</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.	17. INFORMANT <u>ELSIE SCHEPERLE LOHMAN Mo.</u> Address
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>Coronary Occlusion</u>	INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u>	<u>3 mo.</u>
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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>3:15</u> a.m. <u>A</u> Month, Day, Year <u>6-29-63</u>	
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 <u>LOHMAN Mo.</u> COUNTY STATE	
21. I attended the deceased from <u>6-29-63</u> to <u>6-29-63</u> and last saw him alive on <u>6-29-63</u> Death occurred at <u>3:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>E. M. Eberhart D.O.</u>	22b. ADDRESS <u>Russellville Mo</u>
22c. DATE SIGNED <u>6-30-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JULY 1 1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>ST. PAULS CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>COLE COUNTY Mo.</u>
24. FUNERAL DIRECTOR <u>Owner Stearns</u>	25. DATE RECD. BY LOCAL REG. <u>July 1</u>
26. REGISTRAR'S SIGNATURE <u>Minnie Hittman</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AUG 16 1963

JUL 29 1963

JUL 8 1963

0  
0  
0  
0  
0

STATEMENT BY LICENSED EMBALMER

90-5

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 J. L. Lewinson

Licensed Embalmer No. 4073

P. O. Address Stover No.

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.