

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30203**
297

FILED OCT 11 1956

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 2016		Registrar's No. 297	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		d. STREET ADDRESS (If rural, give location) 122 W. Elm St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 122 W. Elm St.							
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) - c. (Last) Eppenauer			4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14, 1886		9. AGE (In years last birthday) 72	10. MONTHS 98	11. DAYS 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Groceryman	10b. KIND OF BUSINESS OR INDUSTRY OWN		11. BIRTHPLACE (City and State or Foreign Country) New York		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John Eppenauer		13b. MOTHER'S MAIDEN NAME Margaret Burkhardt		14. NAME OF HUSBAND OR WIFE Irene Eppenauer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Irene Eppenauer Jefferson City, Mo.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HORROR (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 Sept 20, 1956 to Oct 8, 1956 that I last saw the deceased alive on October 6, 1956 and that death occurred at 9:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. Bruce MD				23b. ADDRESS 234 Madison Jefferson City Mo		23c. DATE SIGNED 10-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 11, 1956	24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery		24d. LOCATION (City, town, or county) (State) Marion Mo.		
DATE REC'D BY LOCAL REG. 10 Oct 1956		REGISTRAR'S SIGNATURE R.P. Davis MD - MO		25. FUNERAL DIRECTOR'S SIGNATURE Victor Buscher		ADDRESS J.C. Dr	

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

Bruce

SEP. 24 1958

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
Student Embalmer

Signed Victor B. [Signature]

Licensed Embalmer No. 3701

P. O. Address Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.