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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41856**

FILED JAN 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **298** PRIMARY REG. DIST. NO. **4448** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY <b>RAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>LAWSON</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>LAWSON</b>	
c. LENGTH OF STAY (in this place) <b>13 months</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CLYDE</b> b. (Middle) <b>ANDREW</b> c. (Last) <b>KEPHART</b>			4. DATE OF DEATH <b>DECEMBER-10-1950</b> (Month) (Day) (Year)		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	
8. DATE OF BIRTH <b>APRIL 16-1887</b>		9. AGE (to years last birthday) <b>63</b>		10. IF UNDER 1 YEAR: Months <b>7</b> Days <b>24</b> IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BARBER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BARBERING</b>		11. BIRTHPLACE (State or foreign country) <b>KANSAS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>ANDREW NEWTON KEPHART</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY ERWIN</b>		14. NAME OF HUSBAND OR WIFE <b>ETHEL KEPHART</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>YES WORLD WAR I</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jean Bills</b> ADDRESS <b>Kansas City</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		II. OTHER SIGNIFICANT CONDITIONS			<b>1 hr.</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Chronic Myocarditis</b>			<b>10 yrs.</b>
DUE TO (c)		Conditions contributing to the death but not related to the disease or condition causing death.			<b>H 8:21</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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) <b>LAWSON RAY MO.</b>	
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?	

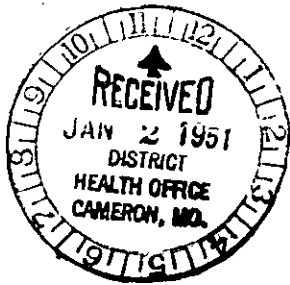
22. I hereby certify that I attended the deceased from **Sept.**, 1950, to **Dec 10, 1950**, that I last saw the deceased alive on **Dec 9, 1950**, and that death occurred at **4 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. J. Buehler M.D.</b>		23b. ADDRESS <b>LAWSON MO</b>		23c. DATE SIGNED <b>Dec 12, 1950</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-13-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Excelsior Springs Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Dec 12, 1950</b>		REGISTRAR'S SIGNATURE <b>Mr. Raymond Crowe</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard Thurnal</b>		ADDRESS <b>LAWSON MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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



**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 \_\_\_\_\_

*Lindell K. Jassman*

Licensed Embalmer No. *4589*

*Excelsior Springs, Mo.*

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