

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Wakeman  
State File No. 4442  
Registrar's No. 182-A

0396

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH  
 a. COUNTY Greene  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield  
 c. LENGTH OF STAY (If applicable) 2 1/2 yrs.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION. 1904 W. Elm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Greene  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield  
 d. STREET ADDRESS (If rural, give location) 1904 W. Elm

3. NAME OF DECEASED  
 a. (First) Anna b. (Middle) c. (Last) Epperson  
 4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED  
 8. DATE OF BIRTH Oct. 5 1893 9. AGE (In years last birthday) 57

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home  
 10b. KIND OF BUSINESS OR INDUSTRY HOME  
 11. BIRTHPLACE (State or foreign country) Kublove Bohemia 8  
 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Humel 13b. MOTHER'S MAIDEN NAME Marie Stashnia 14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No No No  
 16. SOCIAL SECURITY NO. No  
 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theodore Epperson Spfld, 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, asthma, etc. It means the disease, injury, or complication which caused death.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma Cervix with metastasis.  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Anemia Secondary Severe 1 year  
 DUE TO (c) 171X  
 II. OTHER SIGNIFICANT CONDITIONS X-Ray therapy at Fischel Cancer State Hospital Nov 1948 to Feb 1949 for carcinoma

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 1948 to Feb 28, 1951, that I last saw the deceased alive on Feb 26, 1951, and that death occurred at 10:30 pm, from the causes and on the date stated above.

23. SIGNATURE J. Newton Wakeman M.D. 23b. ADDRESS Springfield, Mo. 23c. DATE SIGNED 3-1-51

24. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3/3/51 24c. NAME OF CEMETERY OR CREMATORY St Mary's 24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. 3-5-51 REGISTRAR'S SIGNATURE W. Handley M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. Lphmeyer Springfield, Mo.

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.....

.....  
working under my personal supervision.

Signed: *Rene Schmeidler*

Student Embalmer No. ....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4724*

P. O. Address: *Spice, 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.