

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

33724
Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 849
 (b) Township Union Primary Registration District No. 6115
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gary Lee Shepler

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 1 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Sumner, Missouri
 (STATE OR COUNTRY)

FATHER 13. NAME Eugene William Shepler

14. BIRTHPLACE (CITY OR TOWN) Green Castle Missouri
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Neva Littrell

16. BIRTHPLACE (CITY OR TOWN) Mendon Missouri
 (STATE OR COUNTRY)

17. INFORMANT Eugene William Shepler
 (ADDRESS) Green City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Castle DATE Sept. 28, 1939

19. FUNERAL DIRECTOR (NAME) Glenn E. Kent & Son
 (ADDRESS) Green City, Missouri

20. FILED 9-30, 1939 Virginia Gibson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-24, 1939, to 9-28, 1939

I last saw him alive on 9-25, 1939. Death is said to have occurred on the date stated above, at Green.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 9-23-39

Other contributory causes of importance:

Malnutrition

Name of operation _____ Date of _____
 What test confirmed diagnosis? Medical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) V. E. Schurr, M-D.

Green City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-39-1718

Date Filed OCT 3 1939

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.