

~~FILED~~ OCT 20 1952

STANDARD CERTIFICATE OF DEATH

35501

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>5608</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Madison</u>		c. LENGTH OF STAY (in this place) <u>traveling</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. 4 Warrensburg</u>		0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On Highway #58 East</u>				d. STREET ADDRESS (If rural, give location) <u>Route #4</u>			
3. NAME OF DECEASED (Type or Print) <u>Allene Marie Gard Shepherd</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 14, 1952</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 25, 1911</u>		9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR <u>9</u> Months	IF UNDER 24 HRS. <u>14</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own truck</u>		11. BIRTH PLACE (State or foreign country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Marion E. Gard</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Beeler</u>		14. NAME OF HUSBAND OR WIFE <u>Perry Shepherd</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. <u>XXXX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Perry Shepherd, Route 8 Wbg. Mo.</u>		ADDRESS	
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) <u>Multiple head & chest injuries received in truck accident</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #58-E</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural-Madison Johnson Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-14-1952 6p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Injured in truck accident</u>			
22. I hereby certify that I attended the deceased from <u>did not attend</u> , 19 <u>52</u> , that I last saw the deceased <u>xx: dead Oct 14 1952</u> , and that death occurred at <u>6 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Kelly Rawlins M.D. Coroner Johnson Co.</u>				23b. ADDRESS		23c. DATE SIGNED <u>10/15/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Oct 15, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sedalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Oct 15-52</u>		REGISTRAR'S SIGNATURE <u>Mr. James Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Canaday & Ropp, Holden, Missouri.</u>			

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

DEC 9 1952

JAN 2 2 1953

OCT 17 9 1952

RECEIVED
OCT 16 1952
NEW YORK CITY

OCT 16 1952

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 *M. J. Emad*

Licensed Embalmer No. *3434*

P. O. Address *Golden 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.