

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **310**

FILED FEB 15 1954
BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **129**

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

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb		
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. LENGTH OF STAY (in this place) 29 Da.	c. CITY (If outside corporate limits, write RURAL and give township) Union Star		d. STREET ADDRESS (If rural, give location) 2720
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.					
3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) * c. (Last) Shepard			4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 22, 1865	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker		10b. KIND OF BUSINESS OR INDUSTRY Bank	11. BIRTHPLACE (State or foreign country) Jacksonville, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Shepard		13b. MOTHER'S MAIDEN NAME Rebecca		14. NAME OF HUSBAND OR WIFE Marie Shepard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Helen Shepard		ADDRESS Union Star, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Colon 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. Heart Dis and Scler				INTERVAL BETWEEN ONSET AND DEATH 7 Wk
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 153X				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 1-3 , 1954, to 2-2 , 1954, that I last saw the deceased alive on 2-1 , 1954, and that death occurred at 8:30 AM. , from the causes and on the date stated above.					
23a. SIGNATURE Dr. J. J. Johnson			23b. ADDRESS Union Star, Mo		23c. DATE SIGNED 2-3-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 4, 1954	24c. NAME OF CEMETERY OR CREMATORY Union Star	24d. LOCATION (City, town, or county) (State) Union Star, Missouri		
DATE REC'D BY LOCAL REG Feb 5, 1954	REGISTRAR'S SIGNATURE Bethen M. Allison	FUNDING NUMBER 4850	25. FUNERAL DIRECTOR'S SIGNATURE Roland D. Clark		ADDRESS King City, Mo

FEB 24 1954

SEP 27 1954

MAY 26 1955

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 Roland D. Clark

Licensed Embalmer No. 4477

P. O. Address King City 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.