

STANDARD CERTIFICATE OF DEATH

State File No. 3676

FILED JAN 22 1954 BIRTH NO. REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 6118 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Scott b. CITY Rural c. LENGTH OF STAY d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE a. STATE Iowa b. COUNTY Linn c. CITY Cedar Rapids d. STREET ADDRESS 501 - 33rd Street NE

3. NAME OF DECEASED a. (First) John b. (Middle) James c. (Last) Shepard Sr. 4. DATE OF DEATH Jan. 7, 1954

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, or married 8. DATE OF BIRTH Dec. 5, 1886 9. AGE 67 10a. USUAL OCCUPATION Owner 10b. KIND OF BUSINESS OR INDUSTRY Insurance Agency 11. BIRTHPLACE St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Edna L. Shepard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. 484-26-1642 17. INFORMANT'S SIGNATURE OR NAME Louis E. Shepard

18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Basal Skull Fracture - Crushed Chest (Coroners Inquest) 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 NO

21a. ACCIDENT SUICIDE HOMICIDE or other (Specify) accident 21b. PLACE OF INJURY Wm. North Oren - Hwy 55 21c. (CITY, TOWN, OR TOWNSHIP) Sylvania Township (COUNTY) Scott (STATE) Mo

21d. TIME OF INJURY 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 19___, 19___, to 19___, 19___, that I last saw the deceased alive on 19___, and that death occurred at 3:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE Delma E. Buchholz M.D. Health Officer Benton Mo 23b. ADDRESS 23c. DATE SIGNED 1-10-54

24a. BURIAL, CREMATION, REMOVAL Removal 24b. DATE 1/8/54 24c. NAME OF CEMETERY OR CREMATORY Cedar Memorial Park 24d. LOCATION Cedar Rapids Iowa

DATE REC'D BY LOCAL REG. 1-14-54 REGISTRAR'S SIGNATURE Mrs. G. Beaslinghoff 445 25. FUNERAL DIRECTOR'S SIGNATURE Carl J. Smith ADDRESS Oren, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-16-54

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 154-10

MAR 24 1954

APR 26 1954

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 E. J. Smith

Licensed Embalmer No. 2676

P. O. Address Oran, 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.