

FILED JUL 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22850**

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5532 Registrar's No. 40

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

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Skidmore Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kline Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>12 Miles North of Mound City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle)	c. (Last) <u>Shepherd</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 18, 1867</u>	9. AGE (In years last birthday) <u>86</u>	If UNDER 1 YEAR Months Days	If UNDER 100 Hrs. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Grassmere, England</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Shepherd</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Shepherd</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Shepherd, Mound City,</u>	ADDRESS <u>Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1948, to July 10, 1954, that I last saw the deceased alive on July 10, 1954, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Moore</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Mound City</u>	23c. DATE SIGNED <u>7/10/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/12/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walkups Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Near Skidmore, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-10-54</u>	REGISTRAR'S SIGNATURE <u>James Crawford</u> <u>469</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Crawford</u> ADDRESS <u>Mound City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

OCT 31 1934

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 James Crawford

Licensed Embalmer No. 4796

P. O. Address Moond 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.