

FILED MAR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8521**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5568** Registrar's No. **107**

1. PLACE OF DEATH a. COUNTY JACKSON (Rural Blue)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE	c. LENGTH OF STAY (In this place) 1 MONTH	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION MACE NURSING HOME		STREET ADDRESS (If rural, give location) 6024 SOUTH BENTON	

3. NAME OF DECEASED (Type or Print) a. (First) DELPHIA	b. (Middle) A.	c. (Last) SHEPARD	4. DATE OF DEATH (Month) (Day) (Year) MARCH 9 1955
--	-----------------------	--------------------------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT.-1.-1882	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
-------------------------	----------------------------------	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) KNOXVILLE, IOWA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	---	--	---

13a. FATHER'S NAME DAVID SIMMONS	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE CHARLES H. SHEPARD
--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME CHARLES H. SHEPARD, 6024 S. BENTON, KCMO	ADDRESS 6024 S. BENTON, KCMO
--	--	--	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		INTERVAL BETWEEN ONSET AND DEATH
	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) INDEPENDENCE MISSOURI MO
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11:30 AM	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 **Jan 1955**, to **9 MAR, 1955**, that I last saw the deceased alive on **16 Feb, 1955**, and that death occurred at **5:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. H. Anderson, M.D.	23b. ADDRESS Independence	23c. DATE SIGNED 3-10-55
---	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 11, 1955	24c. NAME OF CEMETERY OR CREMATORY OLATHE CEMETERY	24d. LOCATION (City, town, or county) (State) OLATHE KANSAS
--	------------------------------------	--	---

DATE REC'D BY LOCAL REG. Mar 11-1955	REGISTRAR'S SIGNATURE R. M. ...	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newton	ADDRESS 1331 BRUSH CREEK BLVD KANSAS CITY, MO.
--	---	---	--

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

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.....
Signature of Student Embalmer

Signed *Basil V. Honey*

Licensed Embalmer No. *470*

P. O. Address *N.C.,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.