

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32099

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 325

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Schuyler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY OR TOWN Lancaster	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 14 days		STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grim-Smith Memorial Hospital			

3. NAME OF DECEASED (Type or Print) Addie	a. (First)	b. (Middle) Shepherd	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) November 2, 1955
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, widowed	8. DATE OF BIRTH 1 April 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Schuyler Co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME William Hulen	13b. MOTHER'S MAIDEN NAME Cordelia Reeves	14. NAME OF HUSBAND OR WIFE Eugene Shepherd
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME Woodrow Shepherd	ADDRESS Lancaster Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		2 weeks?
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) 157X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION 10-25-55	19b. MAJOR FINDINGS OF OPERATION Cholelithiasis, primary carcinoma head of pancreas	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)
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 10-19-1955, to 11-2-1955, that I last saw the deceased alive on November 219 55, and that death occurred at 9:20p m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) M.D.	23b. ADDRESS Kirksville, Missouri	23c. DATE SIGNED 11-4-55
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24a. BURIAL CREMATION (Specify) Burial	24b. DATE Nov. 4, 1955	24c. NAME OF CEMETERY OR CREMATORY Armi Memorial	24d. LOCATION (City, town, or county) (State) Lancaster Mo.
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DATE REC'D BY LOCAL REG. 11-4-55	REGISTRAR'S SIGNATURE Kate Lambert	25 FUNERAL DIRECTOR'S SIGNATURE Marjorie Norman	ADDRESS Lancaster Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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.....

Ronald E. Foster

Licensed Embalmer No. *47*

P. O. Address *Fukwilla*

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.