

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19464**

FILED JUN 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4209 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah</u>		c. CITY OR TOWN <u>Savannah</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>105 S. Willis Street</u>		e. STREET ADDRESS (If rural, give location) <u>105 S. Willis, Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Washington</u> c. (Last) <u>Shepherd</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-18-56</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>widowed</u>	8. DATE OF BIRTH <u>May 2, 1886</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Food</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Albany, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		

13a. FATHER'S NAME <u>George W. Shepherd</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Steinman</u>	14. NAME OF HUSBAND OR WIFE <u>Vida Viola Shepherd</u>
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>500-07-5438</u>	17. INFORMANT'S SIGNATURE AND ADDRESS <u>Mrs. Thelma Hansen, Savannah, Mo.</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Repeated emboli in legs - Brain and lungs</u>		
	DUE TO (c) <u>legs - Brain and lungs</u>		
	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 <u>332X</u>	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)	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 12-6, 1947, to 6-18, 1956, that I last saw the deceased alive on 6-16, 1956, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert C. Houghton</u>	(Degree or title) _____	23b. ADDRESS <u>Savannah, Mo.</u>	23c. DATE SIGNED <u>6-20-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-21-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Albany Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-20-56</u>	REGISTRAR'S SIGNATURE <u>Lillian Frank</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W. M. A. Rich Savannah, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 29 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Wm A Rich*.....

Licensed Embalmer No. *472*

P. O. Address *Laven*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.