

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37289

State File No. ....

FILED DEC 3 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3009 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cape Girardeau</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hackson, in city</u>		c. LENGTH OF STAY (In this place) <u>6 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hackson, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>016/0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deal Nursing Home</u>					
3. NAME OF DECEASED (Type or Print) <u>Emma Florence Sheppard</u>		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1956</u>
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 25, 1877</u>	9. AGE (In years last birthday) <u>79</u>	10. IF UNDER 1 YEAR Months Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hackson Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Stephen T. Howard</u>		13b. MOTHER'S MAIDEN NAME <u>Roseana Kinder</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Sheppard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>And Albert Sheppard 1711</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.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of the liver</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>-</u>					
DUE TO (c) <u>-</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					
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) <u>5810</u>		
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 <u>May</u> , 19 <u>56</u> , to <u>Nov. 25, 1956</u> , that I last saw the deceased alive on <u>Nov. 21, 1956</u> , and that death occurred at <u>4:20 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. F. McDonald, M.D.</u>		(Degree or title) of		23b. ADDRESS <u>Jackson, Mo.</u>	23c. DATE SIGNED <u>11-28-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 27, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>	24d. LOCATION (City, town, or county) (State) <u>Hackson, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-29-56</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. C. Croust Jackson, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

44-0

**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 Gene C. Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.