

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37313**

FILED DEC 7-1956

BIRTH NO. _____ REG. DIST. NO. **58** PRIMARY REG. DIST. NO. **5214** Registrar's No. **H1**

1. PLACE OF DEATH a. COUNTY Carter		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Carter	
b. CITY OR TOWN RURAL - Johnson Twp.	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN ELLSINORE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 3. Ellsinore		e. STREET ADDRESS (If rural, give location) Rt 3, Ellsinore Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Goldie b. (Middle) Mildred c. (Last) Shepherd			4. DATE OF DEATH (Month) (Day) (Year) Nov 20 1956		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov 9 1897	9. AGE (in years last birthday) 59	IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Grandin Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Gore	13b. MOTHER'S MAIDEN NAME FANNIE Johnston	14. NAME OF HUSBAND OR WIFE Charles Shepherd.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Charles Shepherd	ADDRESS Rt 3, Ellsinore Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum		
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. 154.X			

19a. DATE OF OPERATION 1954	19b. MAJOR FINDINGS OF OPERATION 1954 - Abdominal perineal resection, colostomy	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 **11-12**, 19**56**, to **11-20**, 19**56**, that I last saw the deceased alive on **11-19**, 19**56**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. Ottensmeyer, M.D.	23b. ADDRESS Van Buren Mo.	23c. DATE SIGNED 11-30-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-22-56	24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	24d. LOCATION (City, town, or county) (State) Carter County, Mo.
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DATE REC'D BY LOCAL REG. Nov. 30-56	REGISTRAR'S SIGNATURE Mrs Oeta Henson	FUNERAL DIRECTOR'S SIGNATURE W. A. Green	ADDRESS Van Buren, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 6 1956

CARTER COUNTY
HEALTH CENTER

DEC 18 1956

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.....
Allen C. McQueen

Licensed Embalmer No. *454*

P. O. Address *Van Buren*

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.