

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1957

STATE FILE NUMBER

41726

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5656

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Length of stay in lb 66 YEARS		d. STREET ADDRESS 3420 LOCUST ST.
3. NAME OF DECEASED (Type or print) First Cecile Middle O Last SHEPARD			4. DATE OF DEATH DEC-27-1956 Month Day Year		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 14, 1890	9. AGE (In years last birthday) 66 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACCOUNTANT		10b. KIND OF BUSINESS OR INDUSTRY GAS SERVICE Co.		11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI	
13. FATHER'S NAME CHARLES SHEPARD			14. MOTHER'S MAIDEN NAME MAE THATCHER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-03-6163		17. INFORMANT Mrs. Pearl F. Shepard Address 3420 Locust St. Kansas City, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio-sclerosis					2 yrs
DUE TO (c)					42-01
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Aug. 1956 to Dec. 1956 and last saw ^{her} _{him} alive on Nov. 29-56 Death occurred at 12:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. Paul Wright M.D. (Degree or title)			22b. ADDRESS Kansas City - Mo. 1329 Prof. H. L. C.		22c. DATE SIGNED Dec 27, 56
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Dec-28-1956	23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM.		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMERSONS ADDRESS 1331 K.P. Mo. BRUSH CREEK BLVD			25. DATE RECD. BY LOCAL REG. 12-28-56		26. REGISTRAR'S SIGNATURE neva menshell

-USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
R. Paul Wright

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.....
Kollie Fessel

Licensed Embalmer No. *469*

P. O. Address *A. C. W.*

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