

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032141

STATE FILE NUMBER

FILED OCT 6 1958

Registration District No. \_\_\_\_\_

77

Primary Registration District No. \_\_\_\_\_

3016

Registrar's No. \_\_\_\_\_

294

S. 300

1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

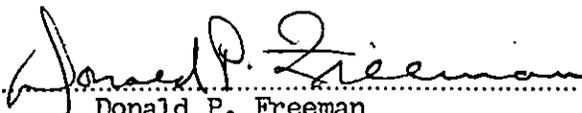
Ottawa Hotel, Coroner

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Jefferson City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hough Park Road</b>		Length of stay in lb <b>40 years</b>	d. STREET ADDRESS (If outside, give location) <b>Hough Park Road</b>
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>GEORGE</b> Last <b>SHEPARD</b>			4. DATE OF DEATH Month <b>October</b> Day <b>2nd</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Febr 22nd 1905</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>	9. AGE (In years last birthday) <b>53</b>
11. BIRTHPLACE (City and state or country) <b>Linn Creek, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Samuel Shepard</b>		13b. MOTHER'S MAIDEN NAME <b>Zola Reynolds</b>	
14. NAME OF HUSBAND OR WIFE <b>Divorced</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT Address <b>Mrs Zola Reynolds, Jefferson City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <b>3:00 p.m. 10/2/58</b>		<b>was stepping into his car when struck -</b>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>About Home</b>	
20f. CITY, TOWN, OR LOCATION <b>Jefferson City - Cole, Mo.</b>		20g. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Lee Russell, Coroner Cole County</b>		22b. ADDRESS <b>630 Adams St., Jefferson City, Mo.</b>	
22c. DATE SIGNED <b>10/4/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct 4th 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Linn Creek Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Linn Creek, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Tanner Funeral Service, Jeff City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4 October 1958</b>	
26. REGISTRAR'S SIGNATURE <b>R.P. Norris, M.D.</b>			

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   
Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address 

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.