

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037166

STATE FILE NUMBER

FILED NOV 12 1958

Registration District No. 211

Primary Registration District No. 4324

Registrar's No. 32-58

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Miller					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ulman		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Ulman		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Length of stay in 1b		d. STREET ADDRESS 0660		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Jasper William Shepherd						4. DATE OF DEATH Month Day Year Nov 2, 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec 10, 1872		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 85 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Big Piney, Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Jacob Shepherd				13b. MOTHER'S MAIDEN NAME Sarah Lawson			14. NAME OF HUSBAND OR WIFE Julia Ann Bilyeu		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		17. INFORMANT Address Eula Stone Ulman Mo				
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy							INTERVAL BETWEEN ONSET AND DEATH 5 days		
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 <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.) 334X						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <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 1-10-58 to 11-1-58 and last saw him alive on 11-1-58 Death occurred at 6:45 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE M. C. Humphrey D.O.				22b. ADDRESS Jerusalem, Mo.				22c. DATE SIGNED 11-4-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/4/58		23c. NAME OF CEMETERY OR CREMATORY Hickory Point		23d. LOCATION (City, town, or county) (State) Iberia, Mo			
24. FUNERAL DIRECTOR Walter P. Hedges Hedges Funeral Homes Iberia, Mo				25. DATE RECD. BY LOCAL REG. November 5, 1958		26. REGISTRAR'S SIGNATURE Wm. H. E. Kallenbach			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Walter P. Neuman*

Licensed Embalmer No. *4265*
P. O. Address *Meriden 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.