

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002255
STATE FILE NUMBER

FILED FEB 13 1959

Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Granby 0730 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 12 years	d. STREET ADDRESS (If outside, give location) N. Grove Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Albert Middle Shepherd Last Shepherd			4. DATE OF DEATH Month February Day 4 Year 1959
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 4-13-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foundryman		10b. KIND OF BUSINESS OR INDUSTRY Foundry	9. AGE (In years birth day) 70
11. BIRTHPLACE (City and state or country) Sowelby Bridge, England		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Walter Shepherd		13b. MOTHER'S MAIDEN NAME Mary H. Bradford	14. NAME OF HUSBAND OR WIFE Ethel Shepherd
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. 281-09-1734	17. INFORMANT Address Mrs. Ethel Shepherd Granby, 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) Probably a sclerotic heart condition			INTERVAL BETWEEN ONSET AND DEATH immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4200
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"/> 2
This certifies that the deceased was unattended by a physician			
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 <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 _____ to _____ and last saw her alive on _____ Death occurred at 1:45 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. B. Young Registrar		22b. ADDRESS P.O. Box #63, Granby, Mo.	22c. DATE SIGNED 2/5/1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-7-1959	23c. NAME OF CEMETERY OR CREMATORY Granby Memorial	23d. LOCATION (City, town, or county) (State) Granby, Missouri
24. FUNERAL DIRECTOR Floyd E. Shewmake Jr. Granby, Mo.		25. DATE RECD. BY LOCAL REG. Feb 5, 1959	26. REGISTRAR'S SIGNATURE M. B. Young

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 1 1959

MAR 8 1959

APR 11 1959

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 *Floyd E. Shewmaker*

Licensed Embalmer No. *4923*

P. O. Address *Box 38 Granby, m*

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.