

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004080
STATE FILE NUMBER

19 1959 Registration District No. 324 Primary Registration District No. Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marshall 07720 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 303 Belle		Length of stay in 1b 10 months	d. STREET ADDRESS (If outside, give location) 303 Belle Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Molissa Ann Shepard			4. DATE OF DEATH Month Day Year Jan. 10, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 16, 1865
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Mc Clain County, Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Samuel Mc Clain	
13b. MOTHER'S MAIDEN NAME Nancy Miller		14. NAME OF HUSBAND OR WIFE Joseph W.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown <input type="checkbox"/> If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Forest Howell Address 303 Belle Marshall, 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) Myocarditis DUE TO (b) Serinity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222.			INTERVAL BETWEEN ONSET AND DEATH 1 hr
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 7:40 P.M. 1-11-59 and last saw her alive on 7:40 P.M. 1-10-59 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. L. Lawless M.D. (Degree or title)		22b. ADDRESS Marshall Mo	22c. DATE SIGNED 1-12-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 12, 1959	23c. NAME OF CEMETERY OR CREMATORY Slater City Cemetery	23d. LOCATION (City, town, or county) (State) Slater, Missouri
24. FUNERAL DIRECTOR Haines Funeral Home, Slater, Mo.		25. DATE RECD. BY LOCAL REG. 1-12-59	26. REGISTRAR'S SIGNATURE Cecil H. Real

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 J. Haines*

Licensed Embalmer No. *455*

P. O. Address *Plateny*

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.