

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004177
STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 38-1

Primary Registration District No. 4511

Registrar's No. 6

300
-57

1. PLACE OF DEATH a. COUNTY <i>Sullivan</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Sullivan</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Harris</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Harris</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <i>Life</i>	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last <i>FLOYD MARION SHEPPARD</i>			4. DATE OF DEATH Month Day Year <i>1-19-1959</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4-22-1891</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Sullivan Co Mo</i>
13a. FATHER'S NAME <i>Daniel W Sheppard</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah S Blackburn</i>	14. NAME OF HUSBAND OR WIFE <i>Wm Ethel Anderson</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>✓</i>		16. SOCIAL SECURITY NO. <i>✓</i>	17. INFORMANT Address <i>Harris</i> <i>Mrs Wm Ethel Sheppard Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute glomerulonephritis - Coma</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Paralysis of lower extremities</i>			<i>2 year</i>
DUE TO (c) <i>pernicious anemia</i>			<i>3-5 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>290C</i>			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 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 Death occurred at <i>July 1959 to 6 Jan 17-59</i> and last saw her alive on <i>Jan 17-1959</i> <i>9:30 P m</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Wm Ethel Anderson</i>		22b. ADDRESS <i>Taft Mo</i>	22c. DATE SIGNED <i>1/20/1959</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>1-21-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Harris Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Harris Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>Jud & Payne Newton Mo</i>		25. DATE RECD. BY LOCAL REG. <i>1-21-59</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. M. W. Beckett</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *RK Payne Jr*

Licensed Embalmer No. *3400*
P. O. Address *Galt*

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.