

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010560  
STATE FILE NUMBER

FILED MAR 20 1959 Registration District No. 299 Primary Registration District No. 6025 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>REYNOLDS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>REYNOLDS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BOSS, MISSOURI</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>RFD# BOSS, MISSOURI 900</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BLACK, MISSOURI</u>		Length of stay in 1b <u>5 months</u>	d. STREET ST. RT. (If outside, give location) ADDRESS <u>BOSS, MISSOURI</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>PERRY DEAN SHEPPARD</u>			4. DATE OF DEATH Month Day Year <u>MARCH 7, 1959</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 3, 1958</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X CHILD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u> IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
11. BIRTHPLACE (City and state or country) <u>SALINA, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HARVEY SHEPPARD</u>		13b. MOTHER'S MAIDEN NAME <u>LURENA VOLNER</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT Address <u>RFD# ST. RT. MRS. LURENA SHEPPARD BOSS, MISSOURI</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Abnormality from birth</u> DUE TO (b) <u>Cardiac Cathexis</u> DUE TO (c) <u>  </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7545</u>			INTERVAL BETWEEN ONSET AND DEATH <u>from birth</u>
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 <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 <u>RFD# Reynolds, Mo</u>	
21. I attended the deceased from <u>  </u> to <u>  </u> and last saw him alive on <u>  </u> Death occurred at <u>7:00 AM, March 7/59</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Leneth J Carter MD</u>		22b. ADDRESS <u>Ellington Mo</u>	22c. DATE SIGNED <u>March 7/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MARCH 8, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ASHER CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>REYNOLDS COUNTY, MISSOURI</u>
24. FUNERAL DIRECTOR <u>SPENCER FUNERAL HOME, SALINA, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>3/17/59</u>	26. REGISTRAR'S SIGNATURE <u>B M Hillypatrick</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical certifier who must use only standard nomenclature in item 1b. 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 *Edward F. Boyles* .....

Licensed Embalmer No. *4553* .....

P. O. Address *John 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.