URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=60=029992

STATE FILE NUMBER

FILED VS SEP 8 1960

ENDED

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron — Length of stay in 1b 3 Mt.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Community Hospt — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Saline
c. CITY OR TOWN Gilliam — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Gilliam Mo. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Opal Middle Mable Last Shepard

4. DATE OF DEATH Month Aug. Day 30 Year 1960

5. SEX F

6. COLOR OR RACE W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3-2-1914

9. AGE (last birthday) 46 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (City and state or country) Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME L.J. Wilson

13b. MOTHER'S MAIDEN NAME Linnie Creason

14. NAME OF HUSBAND OR WIFE Jackson Shepard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. Yes 489-28-4179

17. INFORMANT Jackson J. Shepard Address Gilliam 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) Metastatic Carcinoma

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) abdomen & rt lung

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 1 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 June 11 60, to Aug 30 60 and last saw her/him alive on

Death occurred at 12 15 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD

22b. ADDRESS Cameron, Mo

22c. DATE SIGNED 8-30-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 8-30-1960

23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.

23d. LOCATION (City, town, or county) (State) [redacted] Linneus, Mo.

24. FUNERAL DIRECTOR ADDRESS Poland funeral Home Cameron Mo

25. DATE RECD. BY LOCAL REG. Aug 30 1960

26. REGISTRAR'S SIGNATURE Frances D Crawford

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert T Poland

Signature of Student Embalmer

Licensed Embalmer No. 4777

P. O. Address 222 West Camco

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.