

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

**FILED MAY 5 1945**

Primary Registration District No. 595D

Registrar's No. 23

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Rura  
(c) Name of hospital or institution 2nd Street Township  
(d) Length of stay: In hospital or institution 61 years  
In this community 61 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town Rural  
(d) Street No. near Middletown  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Lura B Shepard

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alvin Shepard 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased Mar 3rd 1884

8. AGE: Years 61 Months 1 Days 3 If less than one day hr. min.

9. Birthplace New Hartford Mo

10. Usual occupation House wife

11. Industry or business  
12. Name Joseph Henry King  
13. Birthplace New Hartford Mo  
14. Maiden name Mrs. Francis Penn  
15. Birthplace New Hartford Mo

16. (a) Informant Alvin Shepard  
(b) Address Middletown Mo

17. (a) Burial (b) Date thereof Apr 8 1945  
(c) Place: burial or cremation West Pacific

18. (a) Signature of funeral director Walter P. Fisher  
(b) Address Middletown Mo

19. (a) April 11-45 (b) Mrs Frank Hardin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1945 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from April 5, 1945, to April 6, 1945  
that I last saw her alive on April 6, 1945  
and that death occurred on the date and hour stated above,

Immediate cause of death failure Myocardial  
Due to diabetes mellitus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61

Of autopsy 61

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....  
(b) Date of occurrence .....  
(c) Where did injury occur? (City or town) (County) (State) .....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury .....  
23. Signature H. R. Titus (M. D. or other) D.O.  
Address Middletown, Mo. Date signed Apr 6, 1945

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1148

145

RECEIVED

District Health Officer No. 10

District File Number 5-45-732

Date Filed MAY 4 1945

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  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*[Handwritten Signature]*

Licensed Embalmer No.

3059

P. O. Address

Wellsville N.Y.

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 this body is not embalmed, fact should be so stated above.