

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4682

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 4203		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Grundy (41)</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Galt</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Galt</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				d. STREET ADDRESS (If rural, give location) <u>3</u>			
3. NAME OF DECEASED a. (First) <u>WILLIAM FILMORE SHEPPARD</u> (Type or Print)			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 12 1949</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Jan 3 1880</u>		9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>1</u>		11. DAYS <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Grundy Co mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Webster Sheppard</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Blackburn</u>		14. NAME OF HUSBAND OR WIFE <u>Carma Sheppard, Galt Mo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Carma Sheppard, Galt Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u> DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>231X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 da.</u> <u>2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-1-1948</u> to <u>2-12-1949</u> ; that I last saw the deceased alive on <u>2-5-1949</u> , and that death occurred at <u>1:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. C. Weston (M.D.)</u>				23b. ADDRESS <u>Galt Mo</u>		23c. DATE SIGNED <u>2-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 14 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Half Rock</u>		24d. LOCATION (City, town, or county) (State) <u>Half Rock mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 14 - 1949</u>		REGISTRAR'S SIGNATURE <u>Jane Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. K. Payne</u>			
				ADDRESS <u>San Galt mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed P. R. Payne Jr.

Signed.....

Student Embalmer

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