

FILED APR. 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14527

State File No. ....

No. 300  
10. 48

9700

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6087 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Saline</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. Gilliam</u>		c. LENGTH OF STAY (In this place) <u>all of life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. # Gilliam</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>Shepard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 11 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u>	8. DATE OF BIRTH <u>Feb. 16-1861</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>25</u> IF UNDER 11 HRS. Min. <u>X</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	11. BIRTHPLACE (State or foreign country) <u>Saline County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Thos. Shepard</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Wasson</u>		14. NAME OF HUSBAND OR WIFE <u>Willie-Ann Shepard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Ruby Shepard, Gilliam, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) _____				
	DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 investigation to the death <u>4-11, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>C. L. Lawless Coroner Saline Co. 3</u>			23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>4-11-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Apr. 13-'49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Slater, City,</u>	24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-15-49</u>	REGISTRAR'S SIGNATURE <u>Mo Earl C. Metzler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Brothers</u>		ADDRESS <u>Slater, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number \_\_\_\_\_

Date Filed 4-18-49

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 \_\_\_\_\_  
Student Embalmer

Signed Ray F. Hays, Jr.

Licensed Embalmer No. 4630

P. O. Address Slaty, Mo.

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.