

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40681

State File No.

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5373 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>DE KALB</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DE KALB</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAYSVILLE (RURAL)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AMITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>30</u>	
3. NAME OF DECEASED a. (First) <u>LRA</u> b. (Middle) <u>BENTON</u> c. (Last) <u>SHEPHERD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 6 1946</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 17 1878</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCKER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>DE KALB CO MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JACOB SHEPHERD</u>	
13b. MOTHER'S MAIDEN NAME <u>HARRIETT COMBESS</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA JANE SHEPHERD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Jane Shepherd</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental</u> 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 type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Maysville DeKalb Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 6 1946 6:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Truck on rails</u>	
22. I hereby certify that I attended the deceased from <u>Dec 6, 1946</u> , 19x9 to <u>Dec 6, 1946</u> , 19x9, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Mrs. S. Galt Coroner</u>		23b. ADDRESS <u>Osborn Mo.</u>	23c. DATE SIGNED <u>Dec 7-46</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/10-47</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>ST JOSEPH MO</u>
DATE REC'D BY LOCAL REG. <u>12-12-46</u>	REGISTRAR'S SIGNATURE <u>Charles Davidson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PLUMER FUNERAL HOME</u>	ADDRESS <u>MAYSVILLE</u>

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

37
70

30
1946

89166
26

120



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

Licensed Embalmer No. 3960

P. O. Address Marionville 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.