

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10058**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY St. Francois

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY St. Francois

b. CITY OR TOWN Bonne Terre c. LENGTH OF STAY (in this place)

c. CITY OR TOWN Farmington, Mo d. STREET ADDRESS (If rural, give location) 511 Boyce Ave.

d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital

3. NAME OF DECEASED
a. (First) M. Jonas b. (Middle) Sheppard c. (Last) Sheppard 4. DATE OF DEATH (Month) (Day) (Year) March 28-1950

5. SEX Male 6. COLOR OR RACE White-Cauc. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH May 5-1887 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 62-10-23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder 10b. KIND OF BUSINESS OR INDUSTRY St. Joehead Co.

11. BIRTHPLACE (State or foreign country) near Fredricktown, Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mr. John Sheppard

13b. MOTHER'S MAIDEN NAME Hester Cook

14. NAME OF HUSBAND OR WIFE Mrs. Ada Graham Sheppard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. 490-03-2709

17. INFORMANT'S SIGNATURE OR NAME Mrs. Ada Sheppard ADDRESS 511 Boyce Ave. Farmington, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION none 19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none

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) (Minute) none

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to March 28, 1950, that I last saw the deceased alive on March 28, 1950, and that death occurred at 11 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James J. Frost, M.D.V.

23b. ADDRESS Farmington, Mo

23c. DATE SIGNED 4-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE March 31-1950

24c. NAME OF CEMETERY OR CREMATORY Christian Cemetery

24d. LOCATION (City, town, or county) (State) Fredricktown Mo

DATE REC'D BY LOCAL REG. Apr 1, 1950 REGISTRAR'S SIGNATURE Eather Rudloff

25. FUNERAL DIRECTOR'S SIGNATURE Alvin W. Hood ADDRESS 303 Chestnut St. Farmington, Mo.

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

RECEIVED

APR 11 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-536

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flushing

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.