

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14193

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

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>124</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		<u>0863</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>551 Fulton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>A</u>		c. (Last) <u>Shepard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1950</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 7th 1893</u>		9. AGE (In years last birthday) <u>57</u>
						# UNDER 1 YEAR Months <u>3</u>	# UNDER 2 HRS. Hours <u>23</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd. Conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash RR</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>704-10-8136</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carrie Shepard</u>		ADDRESS <u>Moberly</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			INTERVAL BETWEEN ONSET AND DEATH <u>no</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA-</u>				DUE TO (b) <u>Cerebral Vascular Sclerosis</u>			<u>48 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>ARTERIOSCLEROTIC CARDIO-VASC. DLS</u>			<u>2 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							<u>5 years</u>
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)		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>Dec 20, 1949</u> , to <u>April 30, 1950</u> , that I last saw the deceased alive on <u>April 30, 1950</u> , and that death occurred at <u>9:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Henry R. Baker M.D.</u> (Degree or title)				23b. ADDRESS <u>Wabash Hospital Moberly, Mo.</u>		23c. DATE SIGNED <u>May 1/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 2nd 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 2-1950</u>		REGISTRAR'S SIGNATURE <u>Leah Bellows</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Marhan and Son</u>		ADDRESS <u>Moberly, Mo.</u>	

MAY 18 1950

RECEIVED MAY 10 1950
District Health Officer No. 1
District File Number 5-50-8
Date Filed _____

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 Frank D D Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.