

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24357

BIRTH NO. _____		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 4435		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY <u>Ralls,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ralls,</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Perry,</u>		c. LENGTH OF STAY (If in this place) <u>60 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Perry, Missouri.</u>		<u>1872</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry, Missouri.</u>				d. STREET ADDRESS (If rural, give location) <u></u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u>		b. (Middle) <u>M</u>		c. (Last) <u>Shepard.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July, 9, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 2, 1872</u>	
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>11</u>		11. DAYS <u>7</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Pittsfield, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Marshall.</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Fugate</u>		14. NAME OF HUSBAND OR WIFE <u>Bruce A. Shepard.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bert Shepard</u>			
				ADDRESS <u>Perry, Missouri</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>Carcinoma of Kidney</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. <u>180X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 5, 1949</u> , to <u>July 9, 1950</u> , that I last saw the deceased alive on <u>8-30-49, 1950</u> , and that death occurred at <u>4:00A.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Shepard</u> M.D.				23b. ADDRESS <u>Perry, Missouri</u>		23c. DATE SIGNED <u>7-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-11-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lick Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe Co. Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>7-11-1950</u>		REGISTRAR'S SIGNATURE <u>Clyde W. Wilsey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde W. Wilsey</u>		ADDRESS <u>Perry, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED JUL 13 1950
District Health Officer No. 10
District File Number 7-50-118
JUL 27 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Clydes Wilkey

Licensed Embalmer No. 3920

P. O. Address *Perry, 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.