

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19962

FILED JUL 5 - 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 4208 Registrar's No. \_\_\_\_\_

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1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cainsville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cainsville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Phineas</b>	b. (Middle) <b>Alphus</b>	c. (Last) <b>Shepard</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 16 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>October 29 1856</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>94</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Owner of farm.</b>	11. BIRTHPLACE (State or foreign country) <b>Audrian Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Francis F. Shepard</b>	13b. MOTHER'S MAIDEN NAME <b>Mary L. Spencer</b>	14. NAME OF HUSBAND OR WIFE <b>Wife Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Flossie S. Preston</b>	ADDRESS <b>Cainsville, Mo.</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malnutrition</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</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"/>
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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) <b>794x</b>
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert R. Berger</b>	(Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Ridgeway, Missouri.</b>	23c. DATE SIGNED <b>5-15-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 18 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shepard Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>RFD Ridgeway, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 16 1951</b>	REGISTRAR'S SIGNATURE <b>J. P. Shaw</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Cainsville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



**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, *of* \_\_\_\_\_

Eddie J. Stoklase

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *Eddie J. Stoklase*

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

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.

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