

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29284

BIRTH NO. <u>59063-57</u>		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>742</u>			
1. PLACE OF DEATH a. COUNTY <u>Vernon 1082</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Wagon</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Nevada</u>		c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada 1082</u>		d. STREET ADDRESS (If rural, give location) <u>320 S. Lynn 0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>MONA</u>			b. (Middle) <u>LISA</u>		c. (Last) <u>SHEPLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-9-1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>8-8-51</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Mins. <u>10 26</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Nevada, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Dale Shepley</u>			13b. MOTHER'S MAIDEN NAME <u>Mildred Eanther</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dale Shepley</u>		ADDRESS <u>320 S. Lynn</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>Prematurity</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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>---</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>							
22. I hereby certify that I attended the deceased from <u>8-8</u> 19 <u>51</u> , to <u>8-9</u> 19 <u>51</u> , that I last saw the deceased alive on <u>8-8</u> 19 <u>51</u> , and that death occurred at <u>12:10</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. Love MD</u>				23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>8-12-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 10, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Neutral</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>			
DATE REC'D BY LOCAL REG <u>8-20-1951</u>		REGISTRAR'S SIGNATURE <u>Arma & Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u>		ADDRESS <u>Nevada, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED AUG 27 1951

Dist. File 851-1548

Date Filed 8-28-51

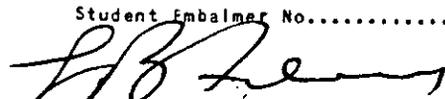
STATEMENT BY LICENSED EMBALMER

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 _____



Signed.....

Student Embalmer

Licensed Embalmer No. 1760

P. O. Address Nevada, 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.