No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35821

State File No.

FILED OCT 20 1952

BIRTH NO. REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Oregon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thayer, Mo.
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thayer 0750 D
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): E.
c. (Last): SHEPARD

4. DATE OF DEATH (Month) (Day) (Year): Oct. 14, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 3, 1886
9. AGE (In years last birthday): 65 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Thayer, Mo. U
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: George A. Shepard
13b. MOTHER'S MAIDEN NAME: Nora Neil
14. NAME OF HUSBAND OR WIFE: Mary Shepard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mary Shepard — **ADDRESS**: Thayer, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sept 10 h

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
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: 331X
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) m.:
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* Oct 12, 1952, *to* Oct 14, 1952, *that I last saw the deceased alive on* Oct 14, 1952, *and that death occurred at* — *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): M.D.
23b. ADDRESS: Thayer Mo
23c. DATE SIGNED: 10-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-16-52
24c. NAME OF CEMETERY OR CREMATORY: Thayer Cemetery
24d. LOCATION (City, town, or county) (State): Thayer, Mo. Oregon

DATE REC'D BY LOCAL REG.: Oct. 15 1952
REGISTRAR'S SIGNATURE: Arthur Wolff
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] **ADDRESS**: Thayer Mo

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 11 1983

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 Leland Carter

Licensed Embalmer No. 4516

P. O. Address Thayer 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.