

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 - 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6218 Registrar's No. 22

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| 1. PLACE OF DEATH a. COUNTY <u>VERNON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>VERNON</u> | |
| b. CITY OR TOWN <u>DOVER</u> | c. LENGTH OF STAY (In this place) <u>67 YRS</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL DOVER</u> <u>1080</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 MILES NORTH E. SHELDON MO</u> | | d. STREET ADDRESS (If rural, give location) <u>4 MILES NORTH E. SHELDON MO</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>SHEPARD</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 23 1952</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>APRIL 10, 1885</u> | 9. AGE (In years last birthday) <u>67</u> | IF UNDER 1 YEAR: Months <u>7</u> Days <u>13</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM. CRAN</u> | 11. BIRTHPLACE (State or foreign country) <u>MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |

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| 13a. FATHER'S NAME <u>HUMPHRY W. SHEPARD</u> | 13b. MOTHER'S MAIDEN NAME <u>LAURA AMBLER</u> | 14. NAME OF HUSBAND OR WIFE <u>JOSIE SHEPARD</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>L NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Josie Shepard</u> | ADDRESS <u>RD. 2 Sheldon, Mo</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stomach malignancy</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 M.</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>151X</u> | | |

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| 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) <u>LAMAR (Mo)</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |

22. I hereby certify that I attended the deceased from Sept 1, 1952 to Dec 28, 1952 that I last saw the deceased alive on Dec 18, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>D.R. Eulder M.D.</u> | 23b. ADDRESS <u>LAMAR (Mo)</u> | 23c. DATE SIGNED <u>12.28.52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec 26, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>DUNIGAN GROVE</u> | 24d. LOCATION (City, town, or county) (State) <u>VERNON CO. MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>Jan 5 1953</u> | REGISTRAR'S SIGNATURE <u>Ms Ruth Faith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>S. Bernard Beony</u> | ADDRESS <u>Sheldon, Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *S. Bernard Beeny*

Licensed Embalmer No. *4161*

P. O. Address *Sheldon 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.