

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 19 1953

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Andrew</u> <u>0020</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah, Mo.</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>105 S. Willis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>105 S Willis</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Vida</u>	b. (Middle) <u>Viola</u>	c. (Last) <u>Shepherd</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-23-53</u>
-------------------------------------	------------------------	--------------------------	---------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 28, 1882</u>	9. AGE (In years last birthday) <u>70</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Mins.
----------------------	-------------------------------	---	---	---	-----------------------	---------------------	----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>McCook Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	---

13a. FATHER'S NAME <u>Penn Hager</u>	13b. MOTHER'S MAIDEN NAME <u>Eva Mosher</u>	14. NAME OF HUSBAND OR WIFE <u>George Shepherd</u>
--------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Shepherd</u>	ADDRESS <u>Savannah, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertension</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis gen</u> 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 <u>H46X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Dec 1, 1947, to 4-23, 1953, that I last saw the deceased alive on 4/23, 1953, and that death occurred at 2:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert C. Rose</u>	23b. ADDRESS <u>Savannah Mo</u>	23c. DATE SIGNED <u>4/25/53</u>
--------------------------------------	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-27-53</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Grandview Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Albany Mo.</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>4-27-53</u>	REGISTRAR'S SIGNATURE <u>Tellman Sparks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Arick</u>	ADDRESS <u>Savannah</u>
---	---	---	-------------------------

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

JUL 26 1954

AUG 13 1959

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 W. H. A. Reich

Licensed Embalmer No. 4778

P. O. Address Savannah, 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.