

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35169

State File No.

Conrad
FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5143 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u> <u>0130</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Breckenridge</u>		c. LENGTH OF STAY (in this place) <u>lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Breckenridge</u> <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mile NW Breckenridge</u>			d. STREET ADDRESS (If rural, give location) <u>1 1/2 mile NW Breckenridge</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u>		b. (Middle) <u>GARFIELD</u>	c. (Last) <u>SHEPARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10/11/53</u>	
5. SEX <u>M</u> <u>0</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2/6/1880</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days
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>farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Davies Co., Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wletus G. Shepard</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Ann Wilestead</u>		14. NAME OF HUSBAND OR WIFE <u>Olivo Shepard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Olivo Shepard-Breckenridge</u> <u>0E</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>Pneumonia Terminal</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>7 mo</u> <u>6 mo</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			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) <u>4222</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 <u>Apr. 15, 1953</u> , to <u>Oct. 11, 1953</u> , that I last saw the deceased alive on <u>Oct. 8, 1953</u> and that death occurred at <u>5 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Joseph G. Conrad M.D.</u>			23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>Oct. 25-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/13/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rosa Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Breckenridge, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-31-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Louis</u> <u>373</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geneb. Michael, Braymer, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 8 1953

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

Geneb. Michael

Licensed Embalmer No. *4340*

P. O. Address *Braymer, 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.