

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **487**

BIRTH NO. **FILED FEB 8 1954** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Cape Girardeau)	c. LENGTH OF STAY (in this place) 2 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson	0161
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Mo. Hospital		d. STREET ADDRESS (If rural, give location) Gen. Del.	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ann c. (Last) Sheppard			4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1954		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 12, 1895	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR: Months 8 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Jackson, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alexander Cravens	13b. MOTHER'S MAIDEN NAME Louise Daugherty	14. NAME OF HUSBAND OR WIFE Henry Sheppard
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If you, give war or dates of service) -----	17. INFORMANT'S SIGNATURE OR NAME Hazel Sheppard ADDRESS Gen. Del. Jackson, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 16 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Agotemia & renal failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriolar nephrosclerosis		
DUE TO (c) Hypertensive arteriosclerotic cardiovascular disease & cardiac decompensation		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		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) m.	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 **Oct 20, 1953** to **Jan 31, 1954**, that I last saw the deceased alive on **Jan 31, 1954**, and that death occurred at **3:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Trolinger M.D.	23b. ADDRESS J. H. TROLINGER, M. D. JACKSON, MISSOURI	23c. DATE SIGNED Feb. 4, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 5, 1954	24c. NAME OF CEMETERY OR CREMATORY Russell Heights	24d. LOCATION (City, town, or county) (State) Jackson, Missouri
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DATE REC'D BY LOCAL REG. 2-5-54	REGISTRAR'S SIGNATURE T. C. Summers	440	25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks ADDRESS Cape Gir., Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 4 1957

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

Frank J. Sparks

Licensed Embalmer No. _____

3455

P. O. Address _____

Capri Boulevard

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.