

FILED FEB 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1784

State File No.

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 9

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u> | |
| b. CITY OR TOWN <u>De Soto</u> | | c. CITY OR TOWN <u>De Soto 0503</u> | |
| c. LENGTH OF STAY (in this place) <u>4 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>518 Boyd St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>518 Boyd St.</u> | | d. STREET ADDRESS (If rural, give location) <u>518 Boyd St.</u> | |

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|--|---------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print) <u>MARY Katherine Shepard</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 21-1954</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 3, 1886</u> | | 9. AGE (In years last birthday) <u>67</u> |
| 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>None</u> | | 11. BIRTH PLACE (State or foreign country) <u>Boone County, Iowa</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Christian Ahrens</u> | | 13b. MOTHER'S MAIDEN NAME <u>Maria Haeseler</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jos. Shepard-Dec.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give unknown) (If yes, give war or dates of service) <u>None</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Shepard - De Soto, 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>Nov 25, 53</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular renal disease</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|---|--|
| 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) | | 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 Nov 9, 1953, to Jan 21, 1954, that I last saw the deceased alive on Jan 20, 1954, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

| | | | | | |
|---|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>Marie Farrer</u> | | 23b. ADDRESS <u>De Soto, Mo.</u> | | 23c. DATE SIGNED <u>Jan 22, 1954</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>1-24-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>De Soto, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Lee Mathershead - De Soto, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>1-22-54</u> | | REGISTRAR'S SIGNATURE <u>Marie Farrer</u> | | | |

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

0502

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JAN 25 1954

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 Andrew H. Englund

Licensed Embalmer No. 47845

P. O. Address De Soto, 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.