

FILED APR 27 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 13028

0930

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6063 Registrar's No. 17

|  |                               |   |  |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Clair</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Jackson</u>  |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Brownington</u>   |  |
| c. LENGTH OF STAY (in this place) <u>18 years</u>  |                               | d. STREET ADDRESS (If rural, give location) <u>North Jackson Township</u>   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>North Jackson Township</u>   |                               |   |  |
| 3. NAME OF DECEASED<br>a. (First) <u>Della</u>   |                               | b. (Middle) <u>A.</u>   |  |
| c. (Last) <u>Sheppard</u>  |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1954</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>June 22, 1890</u>                          |
| 9. AGE (In years last birthday) <u>63</u>  |                               | IF UNDER 1 YEAR Months _____ Days _____   | IF UNDER 24 HRS. Hours _____ Min. _____                        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____   | 11. BIRTHPLACE (State or foreign country) <u>Lynden Kansas</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |                               | 13a. FATHER'S NAME <u>Oren C. Bell</u>  |  |
| 13b. MOTHER'S MAIDEN NAME <u>Ida Bellows</u>   |                               | 14. NAME OF HUSBAND OR WIFE <u>Guy Sheppard</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>   |                               | 16. SOCIAL SECURITY NO. <u>None</u>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Guy Sheppard, Brownington Missouri</u>  |                               |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accident</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>E91213</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) <u>Accident</u>   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On farm</u>   |  |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Brownington, N. Jackson Twp St. Clair</u>   |                               | 21d. STATE <u>Mo.</u>   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr; 8, 1954, 4: P.M.</u>   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| 21f. HOW DID INJURY OCCUR? <u>Fall from farm Tractor, overrun by Disk Harrow</u>   |                               |   |  |
| 22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>4: P. m.</u> , from the causes and on the date stated above. |                               |   |  |
| 23a. SIGNATURE <u>Faircliff B. Goodrich Coroner</u>  |                               | (Degree or title) <u>2</u>  |  |
| 23b. ADDRESS <u>Osceola Missouri</u>   |                               | 23c. DATE SIGNED <u>4-10-54</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>   |                               | 24b. DATE <u>4-12-54</u>  |  |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>   |                               | 24d. LOCATION (City, town, or county) (State) <u>Baldwin City Kansas</u>  |  |
| DATE REC'D BY LOCAL REG. <u>4-10-54</u>  |                               | REGISTRAR'S SIGNATURE <u>Paul H. Seavers</u>  |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Goodrich</u>   |                               | ADDRESS <u>Osceola Mo</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

**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 J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Greene 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.