

FILED MAY 17 1954

STANDARD CERTIFICATE OF DEATH

State File No. **14813**
Registrar's No. **77**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **5035**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY OR TOWN RURAL SAHING		c. CITY OR TOWN Centralia RURAL SAHING	
c. LENGTH OF STAY (in this place) Years		d. STREET ADDRESS (If rural, give location) RFD #4 Centralia, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD #4 Centralia			

3. NAME OF DECEASED (Type or Print)	a. (First) Minnie	b. (Middle) Grace	c. (Last) Shepherd	4. DATE OF DEATH (Month) (Day) (Year) May 11, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 20, 1871	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 9 Days 21	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homaker		11. BIRTHPLACE (City and State or Foreign Country) Hancock, County, Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Humphrey French	13b. MOTHER'S MAIDEN NAME Harris	14. NAME OF HUSBAND OR WIFE Ogden D. Shepherd
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Clyde Shepherd	ADDRESS Centralia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 min SEVERAL YEARS "
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture Aneurysm of aorta		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) senility		
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 451 X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **March**, 19**54**, to **May**, 19**54**, that I last saw the deceased alive on **May 5**, 19**54**, and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE GP Sutherland, MD	(Degree or title)	23b. ADDRESS 110 W Sneed Centralia	23c. DATE SIGNED 5/12/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 14, 1954	24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery	24d. LOCATION (City, town, or county) (State) Hamilton, Illinois
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DATE REC'D BY LOCAL REG. May 13-1954	REGISTRAR'S SIGNATURE Blanche Neely	25. FEDERAL DIRECTOR'S SIGNATURE Bill P. Needa	ADDRESS Centralia, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 18

54 12 12

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 Bill J. Meadows

Licensed Embalmer No. 4876

P. O. Address Centralia, Missouri

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.