

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15211**

BIRTH NO.		REG. DIST. NO. <b>59</b>		PRIMARY REG. DIST. NO. <b>5227</b>		Registrar's No. <b>88</b>		
1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>				
b. CITY OR TOWN <b>Casselman Mo</b>		c. LENGTH OF STAY (In this place) <b>6 mos</b>		c. CITY OR TOWN <b>Adrian</b>		<b>0070</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PLEASANT VIEW REST HOME</b>				d. STREET ADDRESS (If rural, give location) <b>1</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Edmond</b> c. (Last) <b>Shephard</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 29, 1954</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>March 12, 1865</b>		
9. AGE (In years last birthday) <b>89</b>		IF UNDER 1 YEAR (Months) <b>2</b>		IF UNDER 24 HRS. (Days) <b>17</b>		IF UNDER 24 HRS. (Hours) (Min.)		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Clark Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Riley Shephard</b>			13b. MOTHER'S MAIDEN NAME <b>Charity Christie</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie Myrtle Shephard</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Chester Shephard, Adrian Mo.</b> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		ANTECEDENT CAUSES					<b>few hours</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Arteriosclerosis</b>						
		DUE TO (c) <b>senility</b>						
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 <b>331 X</b>					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) (Min.)		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 <b>5-11-1954</b> to <b>5-29-1954</b> , that I last saw the deceased alive on <b>5-11-1954</b> , and that death occurred at <b>7:10 AM</b> from the causes and on the date stated above.								
23a. SIGNATURE <b>Edwards Jones MD</b> (Degree or title)				23b. ADDRESS <b>Harrisonville, MO</b>		23c. DATE SIGNED <b>5-31-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-30-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crescent Hill Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Adrian Mo.</b>		
DATE REC'D BY LOCAL REG. <b>5-31-54</b>		REGISTRAR'S SIGNATURE <b>Dora Barnard</b> <b>4574</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Funeral Service</b> ADDRESS <b>Adrian Mo</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
JUN 5 1954  
CASS COUNTY  
HEALTH DEPARTMENT

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.....

Licensed Embalmer No. 3650

P. O. Address Adrian 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.