

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 26 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2002 Registrar's No. 688

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellevue</u> <u>0841</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bank Osteopathic Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Bentley Street</u>	
3. NAME OF DECEASED (First) <u>Lula</u> (Middle) <u>Mae</u> (Last) <u>Shepley</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>16</u> (Year) <u>1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 19 1884</u>
9. AGE (In years last birthday) <u>70</u> (Months) <u>5</u> (Days) <u>28</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Quenerville Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>H. P. Richardson</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>John Shepley Sr.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Shepley Jr.</u>		18. ADDRESS <u>Bellevue</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia.</u>			
ANTECEDENT CAUSES <u>Purulent pyelitis and advanced nephrosclerosis.</u>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ureteral obstruction (stricture) and arteriosclerosis.</u>			
DUE TO (c) <u>Extreme hot weather.</u>			
11. OTHER SIGNIFICANT CONDITIONS <u>Extreme hot weather.</u>			
Conditions contributing to the death but not related to the disease or condition causing death. <u>6000</u>			
19a. DATE OF OPERATION <u>7/7/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Right Nephrectomy due to advanced pyonephrosis due to complete obstruction in the</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Bellevue</u> (STATE) <u>Mo</u>			
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 <u>10/9/53</u> , 19 <u>53</u> , to <u>7/16/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7/16/54</u> , 19 <u>54</u> , and that death occurred at <u>9:21 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Richard E. Wetzel, M.D.</u>		23b. ADDRESS <u>700 E. Sunshine, Springfield</u>	
23c. DATE SIGNED <u>7/17/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 19/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or County) (State) <u>Bellevue Mo</u>	
DATE REC'D BY LOCAL REG. <u>7/24/54</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Chris & Blue</u>		ADDRESS <u>Bellevue 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 *Chas. Jester*
Licensed Embalmer No. *4154*

P. O. Address *Bolivar, 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.