No. 300
10.48

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30366

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. ~~3021~~ 5478 Registrar's No. 150

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Galt Marion
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 mile South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Grundy
c. CITY OR TOWN: Galt
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Marion Twp. 0400 2

3. NAME OF DECEASED (Type or Print): a. (First) GULLIE b. (Middle) LEROY c. (Last) SHEPPAIRD
4. DATE OF DEATH (Month) (Day) (Year): 9-18-1954
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-31-1885
9. AGE (In years last birthday): 69 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Galt Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jasper N Sheppard
13b. MOTHER'S MAIDEN NAME: Watie Lewis
14. NAME OF HUSBAND/OR WIFE: Ira Knapp Sheppard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Mrs Roxie Freeburg ADDRESS: Trenton

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Primary Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Generalized arteriosclerotic hypertension and heart disease — 5 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 155X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-11, 1952, *to* 9-18, 1954, *that I last saw the deceased alive on* 9-17, 1954, *and that death occurred at* 6:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. L. Clark (Degree or title): M.D.
23b. ADDRESS: Trenton, Mo.
23c. DATE SIGNED: 9/20/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-21-54
24c. NAME OF CEMETERY OR CREMATORY: Salem Cem
24d. LOCATION (City, town, or county) (State): Galt Mo

DATE REC'D BY LOCAL REG.: 9-21-54
REGISTRAR'S SIGNATURE: Irene Fair 115 D
25. FUNERAL DIRECTOR'S SIGNATURE: P K Paynton ADDRESS: Galt Mo

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....P K Payne Jr.....

Licensed Embalmer No..34.

P. O. Address.....Galt.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.