Returned for more information

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21912

FILED AUG 8 - 1955

BIRTH NO. REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4205 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: HARRISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gilman City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of Garnett Marshall

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN: Gilman City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0418

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Wesley
c. (Last): Shepherd.

4. DATE OF DEATH (Month) (Day) (Year): July 25 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed.
8. DATE OF BIRTH: Sept 7 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): [redacted]
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (City and State or Foreign Country): Harrison Co, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: U. Z. Shepherd.
13b. MOTHER'S MAIDEN NAME: Sarah Everhart.
14. NAME OF HUSBAND OR WIFE: Huldah Shepherd. (dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 500-36-2412
17. INFORMANT'S SIGNATURE OR NAME: Irene Marshall — ADDRESS: Gilman City Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: instantly

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive cardiovascular Disease — 5 yrs.
DUE TO (c) 4201

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Parkinson's Disease — 1 Year
Diabetes Mellitus — 1 Year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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* June 12, 1955, *to* July 25, 1955, *that I last saw the deceased alive on* June 1, 1955, *and that death occurred at* 8 A 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: 7-26-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 27, 1955
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Gilman City Missouri

DATE REC'D BY LOCAL REG.: 8/3/55
REGISTRAR'S SIGNATURE: Zola Burris
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Davis-Blackmon Trenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. CLARK.

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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold L Robert.....

Licensed Embalmer No. 49

P. O. Address Trenton,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.