

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **924**

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **59**

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON, MO.	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN SULLIVAN, R. R.	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		e. STREET ADDRESS (If rural, give location) R. R.	

3. NAME OF DECEASED (Type or Print) a. (First) ROMA b. (Middle) ADOLPH c. (Last) SHEPHERD	4. DATE OF DEATH (Month) (Day) (Year) FEB. 1 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 12, 1906	9. AGE (In years last birthday) 49 if UNDER 1 YEAR Months Days if UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVING	10b. KIND OF BUSINESS OR INDUSTRY DAIRY TRUCK	11. BIRTHPLACE (City and State or Foreign Country) ELMONT, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FRANCIS SHEPHERD	13b. MOTHER'S MAIDEN NAME BERTHA HECHT	14. NAME OF HUSBAND OR WIFE LOUISE SHEPHERD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY (If yes, give war or dates of service) 498-14-5687	17. INFORMANT'S SIGNATURE OR NAME MRS. LOUISE SHEPHERD	ADDRESS SULLIVAN, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		23 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Hypertension		1 yr
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **11-7, 1955**, to **Feb 1, 1956**, that I last saw the deceased alive on **Jan 31, 1956**, and that death occurred at **2:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE B. M. Stuhlman	(Degree or title) M. D.	23b. ADDRESS Union, Mo	23c. DATE SIGNED 2-3-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 12, 1956	24c. NAME OF CEMETERY OR CREMATORY SCHMIDT CEMETERY	24d. LOCATION (City, town, or county) (State) STRAIN, MO.
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DATE REC'D BY LOCAL REG. 2/4/56	REGISTRAR'S SIGNATURE Z. P. Heidmann	25. FUNERAL DIRECTOR'S SIGNATURE O. Thompson	ADDRESS Funeral Home Union, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 14 1956

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.....
Signature of Student Embalmer

Signed..... *E. P. Oltmann*

Licensed Embalmer No. *1686*

P. O. Address *Hannover, N.H.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.