

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18648**
4626
Registrar's No.

FILED MAY 25 1956

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)		
b. CITY OR TOWN St. Louis			a. STATE Missouri		
c. LENGTH OF STAY (In this place)			b. COUNTY Jefferson		
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			c. CITY OR TOWN DeSoto		
d. STREET ADDRESS Route 1			(If rural, give location)		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Myrtle	b. (Middle) Elizabeth	c. (Last) Sheppard	Month May	Day 10	Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 10, 1907	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Jefferson Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Charles Perkins		13b. MOTHER'S MAIDEN NAME Rose Maupin		14. NAME OF HUSBAND OR WIFE Jimmie W. Sheppard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 500-28-9742	17. INFORMANT'S SIGNATURE OR NAME Jimmie W. Sheppard, DeSoto, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease	Coronary artery disease				3 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION May 7, 1956	19b. MAJOR FINDINGS OF OPERATION umbilical hernia				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) 5-10-56	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 2-56 5-10-56			
22. I hereby certify that I attended the deceased from May 2, 1956 , to May 10, 1956 , that I last saw the deceased alive on May 10, 1956 , and that death occurred at 12:30 P.M. , from the illness and on the date stated above 5-12-56					
23a. SIGNATURE Vincent T. Houston M.D.			23b. ADDRESS 7820 Carondelet		23c. DATE SIGNED 5/12/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-12-56	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Park		24d. LOCATION (City, town, or county) (State) DeSoto, Mo.	
DATE REC'D BY LOCAL REG. MAY 12 1956	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Dietrich Funeral Home, DeSoto, Mo.		

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

John S. Pennehy
Licensed Embalmer No. 4194
P. O. Address St. Louis, 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.