S. No. 300
v. 10.48

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30179

BIRTH NO. 57143-56 REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 79

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SMITHVILLE,
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SMITHVILLE COMMUNITY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Clay
c. CITY OR TOWN: Gashland
d. Is Residence within limits of a city or incorporated town? Yes X No
e. STREET ADDRESS (If rural, give location): Rte 0

3. NAME OF DECEASED (Type or Print)
a. (First): RALPH
b. (Middle): THOMAS
c. (Last): SHEPARD

4. DATE OF DEATH (Month) SEPT. (Day) 20 (Year) 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: SEPT. 19, 1956
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days: 1; IF UNDER 24 HRS. Hours Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): (Smithville, Clay Co., Mo.)
12. CITIZEN OF WHAT COUNTRY?: O

13a. FATHER'S NAME: AMOS THOMAS SHEPARD
13b. MOTHER'S MAIDEN NAME: VIOLET ANN RADFORD
14. NAME OF HUSBAND OR WIFE:

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.:
17. INFORMANT'S SIGNATURE OR NAME: AMOS THOMAS SHEPARD
ADDRESS: GASHLAND, MO R.F.D.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Neonatal Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: 26 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Shoulder Arrest at Delivery
DUE TO (c) Contracted Midpelvis

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: 7610
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* 9-19-, 1956, *to* 9-20-, 1956, *that I last saw the deceased alive on* 9-20-, 1956, *and that death occurred at* 10:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald E. Krueng
(Degree or title): M.D.
23b. ADDRESS: Rte 1 Gdshland Mo.
23c. DATE SIGNED: 9-20-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-22-'56
24c. NAME OF CEMETERY OR CREMATORY: ICONIUM CEMETERY
24d. LOCATION (City, town, or county) (State): OSCEOLA, MO.

DATE REC'D BY LOCAL REG.: 9-21-56
REGISTRAR'S SIGNATURE: Marguerite Hudgens
25. FUNERAL DIRECTOR'S SIGNATURE: GOODRICH FUNERAL HOME,
ADDRESS: OSCEOLA, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

49 40

RECEIVED
SEP 24 1956
CLAY CO.
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed S. A. McDonnas

Licensed Embalmer No. 2303

P. O. Address Smithvil

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