

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Wallace H. Graham

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **1463**
Registrar's No. **243**

FILED FEB 4 1957

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 EAST 32nd TERR.			Length of stay in lbs 42 yrs.		d. STREET ADDRESS (If outside, give location) 8 EAST 32nd TERRACE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First William T. Middle Shepherd Last Shepherd				4. DATE OF DEATH Month JAN - Day 14 - Year 1957									
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MARCH 18, 1888		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MUEHLEBACH BREWERY				10b. KIND OF BUSINESS OR INDUSTRY Huntsville Mo.		11. BIRTHPLACE (City and state or country) Mo. U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME JAMES W. SHEPHERD				14. MOTHER'S MAIDEN NAME BETTY ECTON									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 510-07-046		17. INFORMANT ANNA M. SHEPARD 8 E. 32nd Terr		Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Block Stokes-Adams syndrome Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fibrillation, Ventricular DUE TO (c) Emphysema, Pulmonary 5271										INTERVAL BETWEEN ONSET AND DEATH 24 hrs 1 Hr. 48 Hrs Years			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21: I attended the deceased from 1 day to 14 Jan '57 , and last saw ^{her} _{him} alive on 14 Jan '57 . Death occurred at 5:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Wallace H. Graham - M.D.						22b. ADDRESS 518 Argyle Bldg.			22c. DATE SIGNED 15 Jan '57				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN-17-1957		23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY			23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI						
24. FUNERAL DIRECTOR R.W. NEWCOMER'S SONS				ADDRESS K.C., Mo.		25. DATE RECD. BY LOCAL REG. 1-17-57		26. REGISTRAR'S SIGNATURE Nevas Marshall					

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 *Paul B. Williamson*

Licensed Embalmer No. *50*

P. O. Address *Overland Park*

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