

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8003**

FILED MAR 25 1957

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3017 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give town(ship)) <u>EXCELSIOR SPRINGS</u>		c. LENGTH OF STAY (in this place) <u>60</u>	c. CITY OR TOWN <u>EXCELSIOR SPRINGS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EXCELSIOR SPRINGS HOSPITAL</u>			STREET ADDRESS (If rural, give location) <u>314 KANSAS CITY AVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>SHEPARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 11 1957</u>			
5. SEX <u>0</u> <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Nov. 23, 1880</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days <u>76</u>	IF UNDER 24 HRS. Hours Min. <u>76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TEACHING</u>	11. BIRTHPLACE. (City and State or Foreign Country) <u>PIKE COUNTY, INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>RICE SHEPARD</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ANN McCLARY</u>		14. NAME OF HUSBAND OR WIFE <u>INA SHEPARD</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EW. BROCKMAN, VINNENNES, INDIANA</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>sev. days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <u>9</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>331X</u>			
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?			
22. I hereby certify that I attended the deceased from <u>1/20</u> , <u>1957</u> , to <u>2/11</u> , <u>1957</u> , that I last saw the deceased alive on <u>2/11</u> , <u>1957</u> and that death occurred at <u>12:15A.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>S. H. Murrishen</u> M. D.		23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>3/1/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>FEB 13, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SPURGEON INDIANA</u>	24d. LOCATION (City, town, or county) (State) <u>VINNENNES, INDIANA</u>			
DATE REC'D BY LOCAL REG. <u>3/1/57</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard Funeral Home, Inc. Excelsior Springs, Missouri</u>		

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



MAR 2 5 1957

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 Ralph Van Lendingham

Licensed Embalmer No. 400

Iceberg Springs, Inc.
P. O. Address

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.