

FILED SEP 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29040

STATE FILE NUMBER

Registration District No. 292 Primary Registration District No. 6004 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Ralls				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saverton Township.			Inside Limits Yes ☐ No ☐		c. CITY OR TOWN Hannibal		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mississippi River			Length of stay in lb 4Days		d. STREET ADDRESS 918 Center		(If outside, give location) Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) Margaret				First Shepard		4. DATE OF DEATH Month Sept Day 2 Year 1957	
5. SEX F		6. COLOR OR RACE W		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH June 24, 1898	
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HRS. Months _____ Days _____ Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Hannibal Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Robert Edward Christian				14. MOTHER'S MAIDEN NAME Lillian Lyell			
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.		17. INFORMANT Address W. Robert Wolfe Chicago Illinois		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Found dead in Mississippi river at DUE TO (c) Saverton Dam, Saverton, Missouri. 9298 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 42							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT - SUICIDE HOMICIDE ☒ ☐ ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Unknown				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. Unknown.							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Mississippi river		20f. CITY, TOWN, OR LOCATION Saverton		COUNTY Ralls,	STATE Mo.
21. I attended the deceased from No Medical Attention. and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22. SIGNATURE <i>Clyde C. Muehney</i> (Degree or title) Coroner				22b. ADDRESS Perry, Mo. Ralls Co.		22c. DATE SIGNED 9-2-1957	
23a. BURIAL, CREMATION, REBURY (Specify)		23b. DATE 9-3-57		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory, St. Louis Mo.		23d. LOCATION (City, town, or county) (State) St. Louis Mo.	
24. FUNERAL DIRECTOR <i>W. C. Woodford</i> ADDRESS Hannibal Mo.				25. DATE RECD. BY LOCAL REG. 9-2-1957		26. REGISTRAR'S SIGNATURE <i>Clyde C. Muehney</i>	

(Licensed Embalmer's Statement on Reverse Side)

SEP 11 1951

STATEMENT BY LICENSED EMBALMER

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

by me, or by Student Embalmer No.

☒ working under my personal supervision..

Student
Signature of Student Embalmer

Signed
Signature of Licensed Embalmer

Licensed Embalmer No.

P. O. Address

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

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.

9-3-1951