

FILED SEP 17 1957

STANDARD CERTIFICATE OF DEATH

State File No. 31607

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

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri		b. COUNTY Howard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Fayette			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		e. STREET ADDRESS (If rural, give location) 407 South Williams					
3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) Lorraine c. (Last) Shepherd			4. DATE OF DEATH (Month) (Day) (Year) Aug. 29 1957				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH Nov. 25 1880		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR: Months 9 Days 4			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Howard Co. Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles A. Parmer		13b. MOTHER'S MAIDEN NAME Sarah Level			
14. NAME OF HUSBAND OR WIFE Robert Lee Shepherd		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-28-3075			
17. INFORMANT'S SIGNATURE OR NAME Mrs. Louis Shields		ADDRESS New Franklin					
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) Cardiac Block ANTECEDENT CAUSES "Stokes Adams Syndrome" 1 day Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Recent Carcinoma of Colon Conditions contributing to the death but not related to the disease or condition causing death. 4330H Recent Surgery				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Influenza 1 mo prior to last illness		20. AUTOPSY? 2 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) Fayette Howard Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 8-1- , 1957, to Aug 29, 1957 , that I last saw the deceased alive on 8-29 , 1957, and that death occurred at 10 m., from the causes and on the date stated above.							
23a. SIGNATURE W. Bloom (Degree or title) M.D.		23b. ADDRESS Fayette Mo		23c. DATE SIGNED 9-12-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 31 57		24c. NAME OF CEMETERY OR CREMATORY Fayette City Cem.			
24d. LOCATION (City, town, or county) (State) Fayette Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Caw		ADDRESS Fayette, Mo.			
DATE REC'D BY LOCAL REG. 9-12-57		REGISTRAR'S SIGNATURE Mary K. Shell					

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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 *William E. Krebs*

Licensed Embalmer No. *4874*

P. O. Address *Jayette, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.