

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **1095**

BIRTH NO. _____		REG. DIST. NO. <b>140</b>		PRIMARY REG. DIST. NO. <b>5542</b>		Registrar's No. <b>5</b>	
1. PLACE OF DEATH a. COUNTY <b>Howard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -- a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>			
b. CITY (If outside corporate limits, write RURAL and give TOWN <b>Rural-Bonne Femme Twp.</b> )		c. LENGTH OF STAY (in this place) <b>47 days</b>		c. CITY OR TOWN <b>Fayette</b>		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 <b>Maple Lawn Rest Home</b>				e. STREET ADDRESS (If rural, give location) <b>205 W. Morrison St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>		b. (Middle) <b>ROBERT</b>		c. (Last) <b>SHEPHERD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 17, 1958</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 28, 1866</b>	
9. AGE (In years) (Month) (Day) <b>91</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sexton C. Cemetery</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Howard County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>James R. Shepherd Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Bettie Diggs</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie Bell Street</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Brace B. Shepherd Fayette, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>				<b>0 yrs</b>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Burn leg -</b>				<b>1 m.</b>	
		DUE TO (c)					
		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				20. AUTOPSY? <b>2</b> 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) <b>4200F</b> (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>Dec 1957</b> to <b>Jan 17 1958</b> , that I last saw the deceased alive on <b>Jan 17, 1958</b> and that death occurred at <b>3 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>M. P. Seesh M.D.</b> (Degree or title)				23b. ADDRESS <b>Fayette, Mo</b>		23c. DATE SIGNED <b>1-20-58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/20/1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Fayette, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>1-20-58</b>		REGISTRAR'S SIGNATURE <b>Mary K. Shell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ralph A. Carr</b>		ADDRESS <b>Fayette, Missouri</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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, ~~only~~....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ralph A. Carr*.....

Licensed Embalmer No. *334*.....

P. O. Address *Fayette*.....

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.