Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-025023
STATE FILE NUMBER

FILED JUL 22 1958 Registration District No. 93 Primary Registration District No. 5335 Registrar's No. 58-51

1. PLACE OF DEATH
a. COUNTY Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marion Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 8½ mi. N.E. Golden City, Mo. Length of stay in 1b 2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dade
c. CITY OR TOWN Lockwood R.F.D. 1 0290 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 8½ mi. N.E. (If outside, give location) 0 Golden City, Mo. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First LUELLA Middle - Last SHEPARD
4. DATE OF DEATH Month July Day 11 Year 1958
5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 16, 1872
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. 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 Own Home
11. BIRTHPLACE (City and state or country) Lucas Co., Iowa 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph Criswell
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Arden Shepard
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 486-42-2807B
17. INFORMANT Address Arden Shepard, Lockwood, Mo. R.1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 4201
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1, 1958, to July 9 and last saw her ~~him~~ alive on July 9, 1958
Death occurred at 4:30 pm. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Rudolf Knapp Mt
22b. ADDRESS Golden City, Mo
22c. DATE SIGNED 7/12/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE July 14, 1958
23c. NAME OF CEMETERY OR CREMATORY Russell Cemetery
23d. LOCATION (City, town, or county) (State) Russell, Iowa.

24. FUNERAL DIRECTOR ADDRESS Phillips Funeral Home, Golden City, Mo.
25. DATE RECD. BY LOCAL REG. 7-13-58
26. REGISTRAR'S SIGNATURE J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 3278

P. O. Address Golden City

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.