Health, Welfare Public Service

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. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026206
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 187 Primary Registration District No. 9040 Registrar's No. 120

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Susans N. Home — Length of stay in 1b 20 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Livingston
c. CITY OR TOWN Chillicothe 0592 0 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 423 City St — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: William Middle: Andrew Last: Shepherd

4. DATE OF DEATH Month 7 Day 9 Year 58

5. SEX M 6. COLOR OR RACE W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐

8. DATE OF BIRTH 11-20-1850

9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR OR UNDER 24 HRS. Month 7 Days 19 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Reger - Mo 0

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Shepherd

14. MOTHER'S MAIDEN NAME Mary Ellen Glaze

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. —

17. INFORMANT Address Ellis Shepherd. Reger - Mo

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 22 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c) 331X
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 ☑

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 June 19 1958 to July 9 1958 and last saw him alive on July 9 1958
Death occurred at 3 pm on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE W W Cochrane (Degree or title) MD
22b. ADDRESS Chillicothe Mo
22c. DATE SIGNED July 10 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-12-58
23c. NAME OF CEMETERY OR CREMATORY Henry Cem
23d. LOCATION (City, town, or county) Reger (State) Mo

24. FUNERAL DIRECTOR Schoenes Dwight Schoenes ADDRESS Milan Mo
25. DATE RECD. BY LOCAL REG. July - 10 - 58
26. REGISTRAR'S SIGNATURE Frances B Neill

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Dwight Schoene

Licensed Embalmer No. 266

P. O. Address Milan, M

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