

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032412

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No. 128

Primary Registration District No.

Registrar's No. 964

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY Riverside	
b. CITY OR TOWN Springfield TWP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Palm Springs Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD# 3		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb 3 Weeks			

3. NAME OF DECEASED (Type or print) First ROY Middle SHEPPARD Last SHEPPARD			4. DATE OF DEATH October 7, 1958 Month October Day 7 Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 14 July 1905	9. AGE (In years birthday) 53	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resturant Operator	10b. KIND OF BUSINESS OR INDUSTRY Resturants	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Emmett Sheppard	13b. MOTHER'S MAIDEN NAME Bertie Israel	14. NAME OF HUSBAND OR WIFE Minnie Sheppard
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT Dr. Robert Sheppard Address Palm Spgs., Calif.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertrophoma of Kidney with wide spread pulmonary metastasis	Approx 3 mo.
	DUE TO (c) 180X	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from July 10 - 1958 to 10-7-58 and last saw him alive on present at death Death occurred at 2:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Robert H. Sheppard M.D. (Degree or title)	22b. ADDRESS Route 3 - Box 1372	22c. DATE SIGNED 10/7/58
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23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE 10/10/58	23c. NAME OF CEMETERY OR CREMATORY Brownstown	23d. LOCATION (City, town, or county) Springfield, Mo. (State)
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24. FUNERAL DIRECTOR J.W. KLINGNER & CO. Spgfd. Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. 10-9-58	26. REGISTRAR'S SIGNATURE Effie G. Melton
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jc

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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JUL 1959

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 *Max Rhode*

Licensed Embalmer No. 407

P. O. Address *Springer*

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.

U.S. WILLIAMS & CO. EMBALMERS