THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002083

STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Madison	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown — Inside Limits Yes X No ☐	c. CITY OR TOWN Fredericktown 0621 0 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 302 Albert St. — Length of stay in 1b Years	d. STREET ADDRESS (If outside, give location) 302 Albert St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Val	Middle ******	Last Sheppard	4. DATE OF DEATH Month Day Year Jan. 3, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH November 3, 1888 — 9. AGE (In years last birthday) 70 — 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) Lead Miner	10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Lead Co.	11. BIRTHPLACE (City and state or country) Madison County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Sheppard		14. MOTHER'S MAIDEN NAME Sarah H. Cook	
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. 493-03-9488	17. INFORMANT Lillian Sheppard — Address Fredericktown, 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) Probable Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) investigated by Coroner

DUE TO (c) Ray Wilson (Madison Co)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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 _____, to _____ and last saw her/him alive on _____

Death occurred at 3:00 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) Florence Gicks Local Registrar	22b. ADDRESS Fredericktown, Missouri	22c. DATE SIGNED 1-4-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE Jan. 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Christian Cemetery	23d. LOCATION (City, town, or county) (State) Madison County, Missouri
24. FUNERAL DIRECTOR J. P. Adamson — ADDRESS Fredericktown, Mo.	25. DATE RECD. BY LOCAL REG. 1-5-1959	26. REGISTRAR'S SIGNATURE Florence Gicks

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond B. Wilson

Licensed Embalmer No. 48

P. O. Address Frederi

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