

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010559
STATE FILE NUMBER

FILED APR 9 1959 Registration District No. 299 Primary Registration District No. 6025 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Reynolds County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Black, Missouri		c. CITY OR TOWN Black, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOSS Rt. Black, Missouri		d. STREET ADDRESS (If outside, give location) Black, Mo. Boss Rt.	
3. NAME OF DECEASED (Type or print) First Middle Last Anzel A. Shepard		4. DATE OF DEATH Month Day Year March 18, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 28, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Reynolds County
13a. FATHER'S NAME James Harvey Shenard		13b. MOTHER'S MAIDEN NAME Louise Mathes Shenard	14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X	17. INFORMANT Address Louise Shephard, Black, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Alcoholism, acute Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Accidental Burning DUE TO (c) 9160 16			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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Home burned	
20c. TIME OF INJURY Hour a.m. 3/18/59 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Black, Mo	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION RFD Reynolds Mo	
21. I attended the deceased from Death occurred at Black Mo 220 to no and last saw her alive on no on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Kenneth T Carter, RD. 2		22b. ADDRESS Ellington, Mo.	
22c. DATE SIGNED 3/20/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 20, 1959	23c. NAME OF CEMETERY OR CREMATORY Myers Cemetery	23d. LOCATION (City, town, or county) Black, Missouri
24. FUNERAL DIRECTOR Spencer Funeral Home, Salem, Mo.		25. DATE RECD. BY LOCAL REG. 3/20/59	26. REGISTRAR'S SIGNATURE E McWhip Patrick

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 15 1959

OCT 24 1987

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. 553

P. O. Address Salem, Mo.

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.