

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018274  
STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 169 Primary Registration District No. Registrar's No. 23

|  |                              |   |   |
|--|------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Knox</b>  |                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br><b>Mo</b><br>b. COUNTY<br><b>Knox</b>                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN<br><b>Knox City</b>  |                              | c. CITY<br>OR<br>TOWN<br><b>Knox City</b>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION<br><b>residence</b>  |                              | d. STREET<br>ADDRESS<br><b>652 S</b>  |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>IRA D. SHEPARD</b>   |                              | 4. DATE OF DEATH<br>Month Day Year<br><b>May 21, 1959</b>   |   |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>29 Feb 1871</b>  |
| 9. AGE (In years of birthday)<br><b>88</b>   |                              | IF UNDER 1 YEAR<br>Months Days Hours Min.   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>ret. farmer</b>  |                              | 10b. KIND OF BUSINESS OR INDUSTRY   |   |
| 11. BIRTHPLACE (City and state or country)<br><b>Kansas</b>  |                              | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |   |
| 13a. FATHER'S NAME<br><b>unk</b>   |                              | 13b. MOTHER'S MAIDEN NAME<br><b>unk</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Gertie P. Goodwin</b>  |                              |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or date of service)<br><b>yes Spanish-American</b>   |                              | 16. SOCIAL SECURITY NO.<br><b>512127203</b>   |   |
| 17. INFORMANT<br><b>Mrs. Gertie Shepard</b>  |                              | Address<br><b>Knox City, Mo</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Senility</b>   |                              |   | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____<br>DUE TO (c) _____  |                              |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Influenza</b>  |                              |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |                              | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m.<br>p.m.   |                              |   |   |
| 20d. INJURY OCCURRED WHILE AT <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<br><b>La Belle, Missouri</b>  |                              | COUNTY STATE  |   |
| 21. I attended the deceased from <b>May 21, 1959</b> to <b>May 21, 1959</b> and last saw her/him alive on <b>May 21, 1959</b><br>Death occurred at <b>4:00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                              |   |   |
| 22a. SIGNATURE<br>(Degree or title)<br><b>Harriet M. Bradley D.O.</b>  |                              | 22b. ADDRESS<br><b>La Belle, Missouri</b>   |   |
|  |                              | 22c. DATE SIGNED<br><b>5/26/59</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   |                              | 23b. DATE<br><b>24 May 1959</b>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Knox City Cemetery</b>  |                              | 23d. LOCATION (City, town, or county) (State)<br><b>Knox City, Missouri</b>   |   |
| 24. FUNERAL DIRECTOR<br><b>Edna Rimer</b>  |                              | 25. DATE RECD. BY LOCAL REG.<br><b>May 29-59</b>  |   |
| ADDRESS<br><b>HUDSON FUNERAL HOME</b>  |                              | 26. REGISTRAR'S SIGNATURE<br><b>Nelle S. Humant</b>   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUN 2 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 ..... *A. J. Rimmer*

Licensed Embalmer No. *5041*  
P. O. Address ..... *Edina, 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.