

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001381

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 1738 Primary Registration District No. 5328 Registrar's No. 63

STATE FILE NUMBER

AMENDED

FILED JAN 16 1962

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Hickory				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Hickory				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weaubleau Twp.		Length of stay in 1b 5 years		c. CITY OR TOWN Flemington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 1/2 miles So. Weaubleau			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R. F. D. # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Jimmy Leroy Shepherd				4. DATE OF DEATH Month Day Year 1 6 1962				
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/31/1902	9. AGE (last birthday) 12	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) Humansville, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME William F. Shepherd			13b. MOTHER'S MAIDEN NAME Lucy Mae Hoskinson			14. NAME OF HUSBAND OR WIFE -		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -			16. SOCIAL SECURITY NO. -		17. INFORMANT Address William F. Shepherd Flemington, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun Shot Wounds to Left Thoracic Cavity							INTERVAL BETWEEN ONSET AND DEATH Instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DOE TO (b) One through lower Heart, ONE								
DOE TO (c) Through upper Back & Downward								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 22 CAL. Bolt Action Rifle				
20c. TIME OF INJURY Hour a.m. p.m. Jan 6-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Barn		20f. CITY, TOWN, OR LOCATION 1 1/2 miles So. Weaubleau, Hickory		COUNTY Mo
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at found 4 P. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Robert H. Halloway Coroner		22b. ADDRESS W. Highland, Mo		22c. DATE SIGNED Jan 9 62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/9/62	23c. NAME OF CEMETERY OR CREMATORY Flemington Cemetery		23d. LOCATION (City, town, or county) Flemington, Missouri			
24. FUNERAL DIRECTOR ADDRESS Beckwith Funeral Home Humansville, Mo.				25. DATE RECD. BY LOCAL REG. Jan 10 1962		26. REGISTRAR'S SIGNATURE May Johnson		

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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humanville, 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.