MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-042132
STATE FILE NUMBER

Registration District No. 99 Primary Registration District No. _____ Registrar's No. 60

FILED NOV 27 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0320
2 0380
3
4 1
5 0
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7 0
8 0
9 4222
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12 86-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — SHOULD READ — INSTEAD OF — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: DeKalb
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Maysville — Length of stay in 1b: 2 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Sunset Nurs. Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Gentry
c. CITY OR TOWN: King City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): (No Street Address) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Eldorado Middle: NMN Last: Shepherd

4. DATE OF DEATH: Month November Day 10 Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11/15/78

9. AGE (last birthday): 83 — IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (City and state or country): DeKalb County, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Wyatt Shepherd

13b. MOTHER'S MAIDEN NAME: Caroline Caroll

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

17. INFORMANT: Mrs. Mable Ketchem — Address: King City, 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): Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 Mar. 1960, to Nov 10 1962 and last saw her alive on 11/10/62
Death occurred at 7:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold Fowler M.D.

22b. ADDRESS: Maysville Mo

22c. DATE SIGNED: 11/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov. 13 1962

23c. NAME OF CEMETERY OR CREMATORY: Union Chapel Cem.

23d. LOCATION (City, town, or county) (State): DeKalb County, Mo.

24. FUNERAL DIRECTOR: Harold E. Hoadel — ADDRESS: King City, Mo.

25. DATE RECD. BY LOCAL REG.: 11-21-62

26. REGISTRAR'S SIGNATURE: Leslie E. Davidson

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Harold E. Hoadrel
Signature of Student Embalmer

Licensed Embalmer No. 4609

P. O. Address King City, 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.