

FILED APR 2 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER
68 0013383

CERTIFICATE OF DEATH

DO NOT WRITE ON THIS STUB

9. 1
10a. 85
10b.
11. 0
12. 1
13. 486X
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

4. 0941
5. 1

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0940

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 117

DECEASED—NAME FIRST MIDDLE LAST
1. **IDA ELIZABETH SHEPPARD** SEX **Female** DATE OF DEATH (MONTH, DAY, YEAR) **March 24, 1968**

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) **White** AGE—LAST BIRTHDAY (YEARS) MOS. DAYS **85** UNDER 1 YEAR UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) **May 13, 1882** COUNTY OF DEATH **St. Francois**

CITY, TOWN, OR LOCATION OF DEATH **Bonne Terre** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Bonne Terre Hospital**

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) **Missouri** CITIZEN OF WHAT COUNTRY **U. S. A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married** SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) **Charles Aaron Sheppard**

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) **Housewife** KIND OF BUSINESS OR INDUSTRY **Home**

RESIDENCE—STATE **Missouri** COUNTY **St. Francois** CITY, TOWN, OR LOCATION **Cantwell** INSIDE CITY LIMITS (SPECIFY YES OR NO) **yes** STREET AND NUMBER **205 So. Harry Jr.**

DECEASED

PARENTS

FATHER—NAME FIRST MIDDLE LAST **George R. Gibson** MOTHER—MAIDEN NAME FIRST MIDDLE LAST **Melinda Wells**

INFORMANT—NAME **Charles Sheppard** MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) **205 So. Harry Jr.; Cantwell, Mo. 63601**

CAUSE

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. (a) **Pneumonia**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c)

CERTIFIER

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) **Central Pneumonia** AUTOPSY (YES OR NO) **no** IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (b) **no**

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20a. 20b. 20c. M. 20d.

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

20a. 20f.

BURIAL

CERTIFICATION—PHYSICIAN: MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

21a. 21b. 21c. 21d. 21e. **2:15 a.m.** 21f. **March 24, 1968** 21g. **2:15 a.m.**

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. **2:15 a.m.** M. 22b. **March 24, 1968** 22c. **2:15 a.m.**

CERTIFIER—NAME (TYPE OR PRINT) **C. H. Appleberry, M. D.** SIGNATURE **C.H. Appleberry** DEGREE OR TITLE **M.D.** DATE SIGNED (MONTH, DAY, YEAR) **3-25-68**

23a. MAILING ADDRESS—CERTIFIER **Rivermines Mo 63668** STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** CEMETERY OR CREMATORY—NAME **Parkview Ceme.** LOCATION **Farmington, Missouri**

24a. 24b. 24c.

DATE **March 26, 1968** FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) **C.Z. Boyer & Son, Inc.; Desloge, Missouri 63601**

24a. 24b. 24c. 24d.

FUNERAL DIRECTOR—SIGNATURE **B.T. Boyer** REGISTRAR—SIGNATURE **Catharine Rudloff** DATE RECEIVED BY LOCAL REGISTRAR **Mar. 25, 1968**

25a. 25b. 25c. 25d.

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 David Shaw, Student Embalmer No. 821

working under my personal supervision.

Student David Shaw
Signature of Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, Missouri
63601

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.