

FILED SEP 6 1950

STANDARD CERTIFICATE OF DEATH

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State File No. 27417

BIRTH NO. _____		REG. DIST. NO. 392		PRIMARY REG. DIST. NO. 5649		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Pierce Twp</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>"Rural" Pierce Township</u>		d. STREET ADDRESS (If rural, give location) <u>RR # 2 Pierce City Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR # 2 Pierce City Mo</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude</u> b. (Middle) <u>Jay</u> c. (Last) <u>Shepherd</u>			4. DATE OF DEATH (Month) <u>June</u> (Day) <u>17</u> (Year) <u>1950</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 6 1879</u>		9. AGE (in years last birthday) <u>73</u>	
				10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Joplin Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>A. J. Jenkins</u>			13b. MOTHER'S MAIDEN NAME <u>unt. known</u>		14. NAME OF HUSBAND OR WIFE <u>James William Shepherd</u> <i>Deceased</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss May McHorney</u> ADDRESS <u>Monett Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebroplegia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1942</u> , 19 <u>42</u> , to <u>June 17, 1950</u> , that I last saw the deceased alive on <u>June 17, 1950</u> , and that death occurred at <u>5:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Kerr MD</u> (Degree or title)				23b. ADDRESS <u>Monett Mo</u>		23c. DATE SIGNED <u>6/28/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 19, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>200 F</u>		24d. LOCATION (City, town, or county) (State) <u>Monett Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8/23-50</u>		REGISTRAR'S SIGNATURE <u>John S. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dillon Funeral Home</u> ADDRESS <u>Monett Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED AUG 30 1950

FILE NO. 850-1846

Date Recd. Aug 30, 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed..... David Dillon.....

Licensed Embalmer No..... 3898.....

P. O. Address..... Monett 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 this body is not embalmed, fact should be so stated above.