

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28769

State File No.

No. 300
10.48

FILED AUG 28 1952

BIRTH NO. 526666 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 267

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
c. LENGTH OF STAY (in this place) 11 hrs.		d. STREET ADDRESS (If rural, give location) 1120 Woodrow Street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) CARLA b. (Middle) ANN c. (Last) SHEPHEARD			4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1952		
--	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 24, 1952	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months	11. UNDER 14 HRS. Days	12. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION (Give kind of work done during regular working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME John L. Shepherd	13b. MOTHER'S MAIDEN NAME Hazel Stone	14. NAME OF HUSBAND OR WIFE none
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME John L. Shepherd	ADDRESS Hannibal, Mo.
---	---	--	---------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (4 months)		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 776 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 8/24, 1952, to 8/25, 1952, that I last saw the deceased alive on 8/25, 1952, and that death occurred at 9:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] O.M.D.	23b. ADDRESS Hannibal, Mo.	23c. DATE SIGNED 8/29/52
---	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 26, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal, Mo.
--	-----------------------------------	--	---

DATE REC'D BY LOCAL REG. 8-26-52	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE Jack Schwartz - Hannibal, Mo.	ADDRESS Hannibal, Mo.
--	---	--	---------------------------------

RECEIVED AUG 27 1952
MARION CO. HEALTH DEPT.
~~DATE FILED AUG 27 1952~~

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
Student Embalmer

Signed Jack Schwartz
Licensed Embalmer No. 4900
P. O. Address Hannibal, 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.