

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29006**

FILED AUG 30 1952

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **81**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) LOUISIANA		c. CITY (If outside corporate limits, write RURAL and give township) BOWLING GREEN MO 820	
d. FULL NAME OF HOSPITAL OR INSTITUTION MINERAL SPRING HOSPITAL		d. STREET ADDRESS (If rural, give location) D	

3. NAME OF DECEASED (Type or Print) JOAN	a. (First)	b. (Middle)	c. (Last) SHEPHERD	4. DATE OF DEATH (Month) (Day) (Year) AUG 15 1952
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5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG. 2, 1952	9. AGE (In years last birthday) IF UNDER 1 Month Days Hours Min. 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BOWLING GREEN, MO
				12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME ERNEST THEODORE SHEPHERD	13b. MOTHER'S MAIDEN NAME WILLENA FLORENCE	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ernest J. Shepherd
		ADDRESS BOWLING GREEN, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DYSENTERY		INTERVAL BETWEEN ONSET AND DEATH 4 DAYS
	ANTECEDENT CAUSES Morbidity 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.		

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)
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 **11:00 AM**, 1952, to **1:35 PM**, 1952, that I last saw the deceased alive on **AUG 19, 1952**, and that death occurred at **1:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS LOUISIANA, MO.	23c. DATE SIGNED AUG. 19, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 20 1952	24c. NAME OF CEMETERY OR CREMATORY Bowling Green	24d. LOCATION (City, town, or county) (State) Bowling Green MO
DATE REC'D BY LOCAL REG. Aug. 20 1952	REGISTRAR'S SIGNATURE Bernice Callier	FUNERAL DIRECTOR'S SIGNATURE 374 St. Grace Pauline Bowling Green	ADDRESS

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

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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

Harold C. Kins

Licensed Embalmer No. *4597*

P. O. Address *Bowling Green*

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.