

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38444**

FILED NOV 17 1952

BIRTH NO. **75952** REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **41**

0422

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton Mo 0432	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 413 So Carter	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Sa Clinton Gen. Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Rickey b. (Middle) Theodore c. (Last) Shepherd		4. DATE OF DEATH (Month) (Day) (Year) 11 10 52	
5. SEX Ma	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 11-10-52
9. AGE (In years last birthday) 8		IF UNDER 1 YEAR Months 8 Days 8	IF UNDER 24 HRS. Hours 8 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY infant	11. BIRTHPLACE (State or foreign country) Clinton Mo
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Earle Noble Shepherd	13b. MOTHER'S MAIDEN NAME Cathel Roberta Mitchell	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Earle N Shepherd ADDRESS Clinton Mo
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congenital heart disease		
	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. premature 7 1/2 mo			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7544	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 **11-10, 1952**, to **11-10, 1952**, that I last saw the deceased alive on **11-10, 1952**, and that death occurred at **12 p m.**, from the causes and on the date stated above.

23a. SIGNATURE Ed Swalper (Degree or title) M.D.	23b. ADDRESS Clinton Mo	23c. DATE SIGNED 11-11-52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-11-1952	24c. NAME OF CEMETERY OR CREMATORY Emphers	24d. LOCATION (City, town, or county) (State) Clinton Mo
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DATE REC'D BY LOCAL REG. Nov-11-52	REGISTRAR'S SIGNATURE Florence Adams 422-	25. FUNERAL DIRECTOR'S SIGNATURE Rich McInerney ADDRESS Clinton
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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 Fred Wilkinson

Licensed Embalmer No. 5478

P. O. Address Clinton Ma

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.