

FILED DEC 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42432**
5432

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No.
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Haskell		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Satanta 8150		
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		d. STREET ADDRESS (If rural, give location) 8150		
3. NAME OF DECEASED (Type or Print) a. (First) Thelma		b. (Middle) Cleta		c. (Last) Shepard
4. DATE OF DEATH (Month) (Day) (Year) 12 11 52		5. SEX Fem / 6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)		8. DATE OF BIRTH June 11, 1915		9. AGE (In years last birthday) 37 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Pratt Co. Kansas
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME James C. Webb		
13b. MOTHER'S MAIDEN NAME Etta Eppley		14. NAME OF HUSBAND OR WIFE Cecil C. Shepard		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecil C. Shepard, Satanta, Kansas
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Edema INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Postoperative DUE TO (c) Craniotomy for Pituitary tumor II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1951		
19a. DATE OF OPERATION 12/10/52		19b. MAJOR FINDINGS OF OPERATION Pituitary tumor		20. AUTOPSY? YES <input checked="" 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) (Min.)		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 _____, 19____, that I last saw the deceased alive on 12/11/52 , 19 52 , and that death occurred at 2:30 a. m., from the causes and on the date stated above.				
23a. SIGNATURE W. R. McPhee (Degree or title)		23b. ADDRESS Research Hosp. 2300 Holmes St. K.C., Mo.		23c. DATE SIGNED 12/11/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-11-52		24c. NAME OF CEMETERY OR CREMATORY Johnson Cemetery
24d. LOCATION (City, town, or county) Kansas		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C. L. Forster, 918 Brooklyn, K.C. Mo		
DATE REC'D BY LOCAL REG. 12-11-52		REGISTRAR'S SIGNATURE S. Geraldine Smith		

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

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

Raymond T. Stinson
.....
Licensed Embalmer No. 4266

P. O. Address Kansas City 27

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.