

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3675**

FILED JAN 22 1954

BIRTH NO.		REG. DIST. NO. 335		PRIMARY REG. DIST. NO. 6118		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY Scott 1000				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Sylvania Twnshp		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cedar Rapids 8140			
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway #55 About 1 1/2 Miles N. Oran				d. STREET ADDRESS (If rural, give location) 501 - 33rd Street NE 8			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
Edna		Lehberger		Shepard		4. DATE OF DEATH (Month) (Day) (Year) Jan. 7 1954	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 19, 1888		9. AGE (In years last birthday) 65 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE John J. 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 Louis E. Shepard Cedar Rapids			
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) Decapitated (Croner's Inquest) INTERVAL BETWEEN ONSET AND DEATH 0 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. (Specify) ACCIDENT SUICIDE HOMICIDE Automobile Accidents		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1/2 Mi. N. of Oran - Hwy 55		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sylvania Township - Scott 100 Mo			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:45 P.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Delma C. Buckholz M.D. Health Officer				23b. ADDRESS Benton, Mo		23c. DATE SIGNED 1-10-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/8/54		24c. NAME OF CEMETERY OR CREMATORY Cedar Memorial Park		24d. LOCATION (City, town, or county) (State) Cedar Rapids, Iowa	
DATE REC'D BY LOCAL REG. 1-14-54		REGISTRAR'S SIGNATURE Mrs. F. Berg Bishop		445 0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl J. Smith Oran Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-16-54
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 184-11

MAR 24 1954
APR 26 1954

33 23

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 E. J. Smith

Licensed Embalmer No. 2676

P. O. Address Oran, 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.