

FILED AUG 3-1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22384

3081

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Provident Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>22 2137 Woodland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Shelley</u> b. (Middle) <u>Milton</u> c. (Last) <u>Shepherd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1955</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 26, 1888</u>	
9. AGE (in years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Glidden, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Lucille Shepherd</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>702-18-6183</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sarah Lucille Shepherd 2137 Woodland</u>			
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) <u>Bilateral adrenal granuloma</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Granuloma, probably tuberculosis of lungs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Partial intestinal obstruction due to large stone in sigmoid</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undetermined</u>  <u>0027</u>  <u>5 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <u>July 6, 1955</u> , to <u>July 16, 1955</u> , that I last saw the deceased alive on <u>July 16, 1955</u> , and that death occurred at <u>5:50 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Leo A. O'Brien M.D.</u>				23b. ADDRESS <u>1002 Argyle Building, K.C. Mo.</u>		23c. DATE SIGNED <u>7-19-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National</u>		24d. LOCATION (City, town, or county) (State) <u>Ft. Leavenworth, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>7-19-55</u>		REGISTRAR'S SIGNATURE <u>Neva Minahall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Waltham Bros. Funeral Home 18th &amp; Benton</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....  
Signature of Student Embalmer

Signed *Bruce A. Watters*.....

Licensed Embalmer No. *450*.....

P. O. Address *18<sup>th</sup> Ave. Bertha*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.