

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 18 1 0 0
State File No.

FILED JUN 11 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>3049</u>		Registrar's No. <u>82</u>			
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hayti</u>		c. LENGTH OF STAY (in this place) <u>30 Min.</u>		c. CITY OR TOWN <u>Wardell</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot County Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>X</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Larry</u>		b. (Middle) <u>Dean</u>		c. (Last) <u>Shepard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 11, 1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>10-11-1939</u>			
9. AGE (In years last birthday) <u>17</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Wardell, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Walter Shepard</u>		13b. MOTHER'S MAIDEN NAME <u>Rita Schweingruber</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Shepard Wardell, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Contusion Lungs and mediastinum</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u> <u>1/2 hour</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Wardell</u> (COUNTY) <u>Pemiscot</u> (STATE) <u>Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-11-57 8:30 P.M.</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>							
22. I hereby certify that I attended the deceased from <u>8/31, 1955</u> , to <u>5/11, 1957</u> , that I last saw the deceased alive on <u>5/11, 1957</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>David R. Newday M.D.</u>				23b. ADDRESS <u>Wardell, Mo.</u>		23c. DATE SIGNED <u>5-13-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-13-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wardell Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Wardell, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-20-57</u>		REGISTRAR'S SIGNATURE <u>John W. German</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Osburn Funeral Home, Wardell, Mo.</u>					

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6-148-57

JUN 10 1957

REPUBLIC COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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.....
James G. Johnson

Licensed Embalmer No..... 4185

P. O. Address..... Wardell, M

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.