

Health,  
Welfare  
Public  
Service

300  
-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
L. M. Tillman

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57-021354  
STATE FILE NUMBER  
2520

FILED JUN 19 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1412 Tracy</b>		Length of stay in lb <b>10 yrs.</b>	
d. STREET ADDRESS <b>1412 Tracy</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Ralph</b> Middle <b></b> Last <b>Shepherd</b>		4. DATE OF DEATH Month <b>5</b> - Day <b>24</b> - Year <b>57</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 14, 1911</b>
9. AGE (In years last birthday) <b>46 yrs.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>	11. BIRTHPLACE (City and state or country) <b>Toledo, Ohio</b>
100. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Irving Shepherd</b>		14. MOTHER'S MAIDEN NAME <b>Georgia Swazey</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>702-09-8845</b>	
17. INFORMANT <b>Hazel S. Thomas, 631 Eleanor Ave.</b>		Address <b>Dayton 8, Ohio</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>1st &amp; 2nd Degree Burns of Entire Body</b> DUE TO (b) <b>Asphyxiation</b> DUE TO (c) <b></b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>E9160 No</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Fire Victim</b>		
20c. TIME OF INJURY Hour <b>3:45</b> a. m. <b>5/24/1957</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>1412 Tracy Ave</b>	20f. CITY, TOWN, OR LOCATION <b>Kansas City, Jackson, Mo</b>	20g. COUNTY <b>123</b>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Deputy Coroner</b>		22b. ADDRESS <b>1618 Lydia Ave</b>	22c. DATE SIGNED <b>5/24/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6/3/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ft. Leavenworth Nat'l. Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Ft. Leavenworth, Kansas</b>
24. FUNERAL DIRECTOR <b>Le E. Davis</b>		25. DATE RECD. BY LOCAL REG. <b>5-29-57</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>

(Licensed Embalmer's Statement on Reverse Side)



**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 *Lewis H. Jackson*

Licensed Embalmer No. *48*

P. O. Address *X C*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.