

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16132**BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1937**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANS b. COUNTY Johnson	
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 Kansas City RURAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 5440 State Line Rd.	
3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) Erasmus c. (Last) Shepard		4. DATE OF DEATH 4-30-49	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, divorced (Specify) Married	8. DATE OF BIRTH Oct. 27, 1869
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME R. A. Shepard		13b. MOTHER'S MAIDEN NAME Strong	
14. NAME OF HUSBAND OR WIFE Arabell 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. No	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Arabell Shepard		ADDRESS 5440 State Line Rd	
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prostatic hypertrophy with acute retention		3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus, Auricular fibrillation			
DUE TO (c) Acute congestive heart failure			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary sclerosis, Generalized Arteriosclerosis.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Benign Prostatic Hypertrophy W/OX	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Apr 27, 1949 , to Apr 30, 1949 , that I last saw the deceased alive on Apr 30, 1949 , and that death occurred at 3:45 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Nelse F. Ockerblad (Degree or title) Nelse F. Ockerblad M.D.		23b. ADDRESS 411 Alameda Rd.	
23c. DATE SIGNED 5/2/1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-2-49	
24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 5-3-49		REGISTRAR'S SIGNATURE Sheraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE		ADDRESS Kansas City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

W. Osterblad ok
411 - Alameda
1 til 3:00 Today

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 _____

Max E. Meyer

Licensed Embalmer No. *4555*

P. O. Address *Kansas City, 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.