

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23250A

FILED AUG 15 1955

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Plains Hosp.</u>			
3. NAME OF DECEASED a. (First) <u>Winche</u> b. (Middle) <u>Allen</u> c. (Last) <u>Shepherd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-20-49</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>3-3-1870</u>
9. AGE (In years, Months, Days) <u>79</u>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	11. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>David Shepherd</u>		13b. MOTHER'S MAIDEN NAME <u>Becky</u>	
13c. NAME OF HUSBAND OR WIFE <u>Kynthia Shepherd</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Kynthia Shepherd</u>		ADDRESS <u>West Plains, 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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>✓</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Cancer (upper lip)</u>			
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 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 _____, 19____, to <u>7-20</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:00</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Virgil D. Bailey D.O.</u>		23b. ADDRESS <u>West Plains, Mo.</u>	23c. DATE SIGNED <u>7-22-49</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>18</u>	24b. DATE <u>7-22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains, MO</u>
DATE REC'D BY LOCAL REG. <u>8-10-55</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u> ADDRESS <u>West Plains, Mo.</u>	

**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.

Signed \_\_\_\_\_

*D. D. Robertson*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*3437*

P. O. Address \_\_\_\_\_

*West Lane*

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.