S. No. 300
v. 10.48

850

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11682

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 45-16 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Simpson Hospt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Cook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maywood
d. STREET ADDRESS (If rural, give location): 308 N. First Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Francis
b. (Middle): Monroe
c. (Last): Shepard

4. DATE OF DEATH (Month): 3 (Day): 27 (Year): 50

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 10-15-1905
9. AGE (In years last birthday): 44 IF UNDER 1 YEAR Months: 5 Days: 12 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Green house
11. BIRTHPLACE (State or foreign country): Regei- Mo.
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: J. Luther Shepard
13b. MOTHER'S MAIDEN NAME: Comora Fields
14. NAME OF HUSBAND OR WIFE: Mildred Hall Shepard

15. WAS DEASCED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 496-10-4120
17. INFORMANT'S SIGNATURE OR NAME: Oval Baldwin ADDRESS: Milan - Mo

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) accidental poisoning by unknown drug — INTERVAL BETWEEN ONSET AND DEATH: 9 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) E8880

DUE TO (c) thyroid surgery 14 1948

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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Milan Sullivan Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-26-50 6 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: mistaking for sleeping tablets

22. *I hereby certify that I attended the deceased from* 3-26, 1950, *to* 3-27, 1950, *that I last saw the deceased alive on* 3-27, 1950, *and that death occurred at* 5 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. W. Simpson (Degree or title): M.D.
23b. ADDRESS: Milan
23c. DATE SIGNED: 3-29-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-29-50
24c. NAME OF CEMETERY OR CREMATORY: Oakwood Cem.
24d. LOCATION (City, town, or county) (State): Milan Mo.

DATE REC'D BY LOCAL REG.: April 3-1950
REGISTRAR'S SIGNATURE: Mrs. H. B. Harris 320
25. FUNERAL DIRECTOR'S SIGNATURE: Dwight Stroem ADDRESS: Milan - Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 12 1950

RECEIVED APR 5 1950
District Health Officer No. 10
District File Number 4-20-59
Date Filed APR-5 1950

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 Dwight Schaeue

Licensed Embalmer No. 2667

P. O. Address Milan - 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.