

FILED JUN 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 16944  
2229

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. 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, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>6 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>3922 Bell St 210</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3922 Bell St</b>		d. STREET ADDRESS (If rural, give location) <b>3922 Bell St 210</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Cora</b> b. (Middle) <b>C.</b> c. (Last) <b>Sheppard</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 14 50</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>MAR. 12, 1927</b>
9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>R. N. Irwin</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Ferguson</b>	14. NAME OF HUSBAND OR WIFE <b>Arch Sheppard</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Geo. Colwell 3922 Bell, K. Mo.</b>

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		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiovascular Renal Syndrome</b> <b>5 yrs</b> DUE TO (c) <b>Hypertension</b> <b>10 yrs</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>442X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/11, 1950, to 5/12, 1950, that I last saw the deceased alive on 5/12, 1950, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE **B. S. Moore** (Degree or title) **D.O.** 23b. ADDRESS **1810 W 45** 23c. DATE SIGNED **5/14/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **5-10-50** 24c. NAME OF CEMETERY OR CREMATORY **-** 24d. LOCATION (City, town, or county) (State) **Red Oak, Mo**

DATE REC'D BY LOCAL REG. **5-16-50** REGISTRAR'S SIGNATURE **Staldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Sting & McClure KeMo.**

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.