

FILED JUL 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20468

State File No. ....

Registrar's No. 2857

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2857</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Michigan</u> b. COUNTY <u>Oakland</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) township) <u>4 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pontiac</u>		<u>8/21/50</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Erwin</u>		c. (Last) <u>Shepherd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 27 50</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 20, 1888</u>		9. AGE (In years last birthday) <u>62</u>	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) <u>Baker</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Wyatt Shepherd</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Carroll</u>			14. NAME OF HUSBAND OR WIFE <u>Kate Shepherd</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-14-4119</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Osteopathic Hospital, Kansas City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pylopic Stenosis</u> DUE TO (c) <u>Gastric Jejunostomy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Shallow ulcer</u>					INTERVAL BETWEEN ONSET AND DEATH  <u>541 D</u>	
19a. DATE OF OPERATION <u>June 15-1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Stenosis of Pylorus</u>					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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>June 9, 1950</u> , to <u>June 27, 1950</u> , that I last saw the deceased alive on <u>June 27, 1950</u> , and that death occurred at <u>7:05 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. H. Riche</u> (Degree or title)				23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>June 28-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-27-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Winslow Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>DeKalb County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6-28-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FREEMAN MORTUARY &amp; CHAPEL, KANS. CITY, MO.</u>				

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

Eni. Riche  
11.11.11 Harrison  
Wed A.M.  
SEP 7

**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 *Willis H. Bennett*

Licensed Embalmer No. *4438*

P. O. Address *H. C. 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.