

FILED OCT 13 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. 30839

Hamilton

BIRTH NO. _____		REG. DIST. NO. <u>136</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>4111</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If last place of residence before death, give date of departure.)			
a. COUNTY <u>JASPER</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Joplin</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>Jasper</u>	
c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		d. STREET ADDRESS (If rural, give location) <u>2106 PENNSYLVANIA</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ANNA</u>		b. (Middle) <u>E.</u>		c. (Last) <u>SHEPARD</u>	
4. DATE OF DEATH (Month) (Day) (Year)		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Nov. 1, 1884</u>		9. AGE (In years) (last birthday) <u>65</u>		if UNDER 1 YEAR Months <u>10</u> Days <u>28</u>		if UNDER 1 HR. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Newton County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Stamps</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E. KELLEY</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Corson Barlow Neash</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		ANTECEDENT CAUSES (b) <u>Fractured long bone</u>				<u>10 min</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				<u>2 hrs</u>	
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 checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In yard of home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Joplin Jasper Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-14-50</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in yard at home</u>			
22. I hereby certify that I attended the deceased from <u>9-14</u> 1950 to <u>9-29</u> , 1950 that I last saw the deceased alive on <u>9-29</u> , 1950, and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Eugene H. Hamilton M.D.</u>				23b. ADDRESS <u>617 Frisco Bldg.</u>		23c. DATE SIGNED <u>9/30/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-1-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MACEDONIA</u>		24d. LOCATION (City, town, or county) (State) <u>Newton Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-30-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carey Thompson</u>		ADDRESS <u>Neash Mo</u>	

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

RECEIVED 10-9-50
Jasper County Health Office

County File Number 50-9-733

Date Filed 10-10-50

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 _____

Barley Thompson Jr.

Student Embalmer No. 384

working under my personal supervision.

Student *Barley Thompson Jr.*
Student Embalmer

Signed *Barley Thompson Sr.*

Licensed Embalmer No. 3259

P. O. Address *Neosho 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.