

FILED JUN 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17728

BIRTH NO. _____		REG. DIST. NO. 314		PRIMARY REG. DIST. NO. 4458		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY <i>St. Clair</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Clair</i>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <i>Osceola</i> )		c. LENGTH OF STAY (in this place) <i>never</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Osceola</i>		0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <i>0</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Clarissa</i>			b. (Middle) <i>E</i>		c. (Last) <i>Shepherd</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 14, 1951</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>March 11, 1861</i>		9. AGE (In years last birthday) <i>90</i>	IF UNDER 1 YEAR Months <i>2</i> Days <i>3</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>		11. BIRTHPLACE (State or foreign country) <i>St. Clair County, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Samuel Lyon</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Mr. Steven Baer, Osceola, Mo.</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Steven Baer, Osceola, Mo.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>chronic nephritis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>9</i>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>senility</i>					
		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 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)		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 <i>1945</i> to <i>5-14</i> , 1951, that I last saw the deceased alive on <i>5-2</i> , 1951, and that death occurred at <i>1:35 P.</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Frank Seewers M.D.</i>				23b. ADDRESS <i>Osceola</i>		23c. DATE SIGNED <i>5-15-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 16, 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Osceola</i>		24d. LOCATION (City, town, or county) (State) <i>Osceola Missouri</i>		
DATE REC'D BY LOCAL REG. <i>5-15-51</i>		REGISTRAR'S SIGNATURE <i>F Seewers</i> 288		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>F B Baer Osceola, Mo</i>			

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

**RECEIVED** 6-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 6-7-51 \_\_\_\_\_

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**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 Ray Miller \_\_\_\_\_

Licensed Embalmer No. 4492 \_\_\_\_\_

P. O. Address Osceola, 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.