

No. 300  
v. 10.46

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18988

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2304

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>Marionville</u>		c. LENGTH OF STAY (in this place) <u>13 months</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Birchwood Homes &amp; Hotel</u>		e. CITY OR TOWN <u>KIRKWOOD</u>	
		f. STREET ADDRESS (If rural, give location) <u>Rt 5, Box 388</u>	

3. NAME OF DECEASED (Type or Print) <u>Hezekiah</u>	a. (First)	b. (Middle)	c. (Last) <u>Sheppard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May-29-1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>(UNKNOWN)-1875</u>	9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gardner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Truck Gardner</u>	11. BIRTHPLACE (State or foreign country) <u>Brown County, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Sheppard</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Robinson</u>	14. NAME OF HUSBAND OR WIFE <u>not married</u>
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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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>L.L. BUTCHER</u>	18. ADDRESS <u>RT. 5 Box 388 Kirkwood 32, Mo</u>
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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, athermia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u>		
	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-15-51, to 5-29-51, that I last saw the deceased alive on 5-24-51, and that death occurred at 6:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. Sheppard M.D.</u> (Degree or title)	23b. ADDRESS <u>Kirkwood, Mo.</u>	23c. DATE SIGNED <u>5/30/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 31, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BLOOMINGTON</u>	24d. LOCATION (City, town, or county) (State) <u>Bloomington, IND.</u>
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DATE REC'D BY LOCAL REG. <u>5-30-51</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Dombek, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander ...</u>	ADDRESS <u>6175 Selman</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4000  
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Jos. E. McCulloch*  
Licensed Embalmer No. *2460*

P. O. Address *6175 Delmar*

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.