

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1952
BIRTH NO. **1083-52** REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **7**

352

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

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institutions, residence before admission) a. STATE Mo. b. COUNTY Missouri	
b. CITY OR TOWN Kennett		c. CITY OR TOWN Bragg City	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) Presnell Hospital	
d. FULL NAME OF HOSPITAL OR INSTITUTION Presnell Hospital			

3. NAME OF DECEASED (Type or Print) Wilkerson Shepard			4. DATE OF DEATH (Month) (Day) (Year) Jan. 17-1952		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) X	
8. DATE OF BIRTH Jan. 16-1952		9. AGE (In years last birthday) 1		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X	
11. BIRTHPLACE (State or foreign country) Kennett Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Willie Shepard	
14. MOTHER'S MAIDEN NAME Sarah Johnson		15. NAME OF HUSBAND OR WIFE X		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
17. SOCIAL SECURITY NO. None		18. INFORMANT'S SIGNATURE OR NAME Willie Shepard		19. ADDRESS Bragg City Rt. 1	

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) Pulmonary atelectasis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		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 **1-16-52** to **1-17-52**, that I last saw the deceased alive on **1-17-52**, and that death occurred at **6:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE L.C. Wilkerson (Degree or title) M.D.		23b. ADDRESS Kennett Mo.		23c. DATE SIGNED 1-17-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-18-52		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	
24d. LOCATION (City, town, or county) (State) Kennett Mo.					

DATE REC'D BY LOCAL REG. 1-17-52		REGISTRAR'S SIGNATURE Carl H. Shepard		FUNERAL DIRECTOR'S SIGNATURE Leroy D. Dyer	
				ADDRESS Kennett Mo.	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-23-52

COUNTY FILE NUMBER 152-23

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 Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed

Edgar Lee Ford

Licensed Embalmer No. 4433

Signed.....

Student Embalmer

P. O. Address Kennett 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.