

FILED MAR 3 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3683 State File No. 5674  
REG. DIST. NO. 183 PRIMARY REG. DIST. NO. 4296 Registrar's No. 3-1937

580

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR Browning rural c. LENGTH OF STAY (in this place) Benton		c. CITY (If outside corporate limits, write RURAL and give township) OR Browning rural 0 580	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Joel	b. (Middle) Edgar	c. (Last) Shepherd	4. DATE OF DEATH 2 (Month) 18 (Day) 52 (Year)
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH April 5, 1887
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME John Shepherd	13b. MOTHER'S MAIDEN NAME Mary E. Glass	14. NAME OF HUSBAND OR WIFE Lydia Biddle Shepherd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lydia Shepherd
		ADDRESS Browning, Mo.

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
	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 E976X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home (Farm)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Linn - Mo.
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 \_\_\_\_\_, 19\_\_\_\_, to Feb 18, 1952, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. R. F. Suttler D.O.	23b. ADDRESS Linn - Mo.	23c. DATE SIGNED Feb 20-52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2-21-52	24c. NAME OF CEMETERY OR CREMATORY Locust valley	24d. LOCATION (City, town, or county) (State) Browning Mo.
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DATE REC'D BY LOCAL REG. Feb. 26, 1952	REGISTRAR'S SIGNATURE Ely Crook, Clerk	25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home	ADDRESS Browning, Mo.
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(Licensed Embalmer's Statement (See Reverse Side) Wade

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

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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Brownsville

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.