No. 300
10.48

FILED MAY 5 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11931

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 134

0051
0

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Purdy, Rural, Purdy Twp.~~ Years
c. LENGTH OF STAY (In this place): ~~Years~~
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Vincent's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry 005
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Purdy Rural Purdy twp. 0
d. STREET ADDRESS (If rural, give location): Northeast of Purdy, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Ira b. (Middle) Edgar c. (Last) Shepherd

4. DATE OF DEATH (Month) (Day) (Year): Apr. 18 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 7 1903
9. AGE (In years last birthday): 48 | If under 1 year: Months 11 Days 11 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Farmer & Carpenter
11. BIRTHPLACE (State or foreign country): Cape Fair, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Crandle Shepherd
13b. MOTHER'S MAIDEN NAME: Martha Jane King
14. NAME OF HUSBAND OR WIFE: Reta Lou Shepherd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Reta Lou Shepherd **ADDRESS**: Purdy, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull. Cerebral edema and contusion of brain. — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) E9021
DUE TO (c) 3

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 005

19a. DATE OF OPERATION: Apr 17, 52
19b. MAJOR FINDINGS OF OPERATION: Debridement of lacerated - large fragment of bone in brain
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP): Purdy **(COUNTY)**: Barry **(STATE)**: Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr. 17, '52, 4 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Falling off building while at work

22. *I hereby certify that I attended the deceased from* Apr 17, 1952, *to* Apr 18, 1952, *that I last saw the deceased alive on* Apr 18, 1952, *and that death occurred at* 8:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert R. Dolley **(Degree or title)**: M.D. **23b. ADDRESS**: Monett, Mo. **23c. DATE SIGNED**: Apr 22 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Bethel Cemetery
24d. LOCATION (City, town, or county) (State): Southeast of Monett, Mo.

DATE REC'D BY LOCAL REG.: Apr. 22-52
REGISTRAR'S SIGNATURE: Owen A. Wormington 466
25. FUNERAL DIRECTOR'S SIGNATURE: Bennett-Wormington **ADDRESS**: Monett, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24 1952

MAY 9

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 Gordon L Bennett

Licensed Embalmer No. 4218

P. O. Address Monett, 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.