

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12263**

164
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 28 1952

BIRTH NO. 30187 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 121

| | | | | | |
|--|-------------------------------|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> | | c. LENGTH OF STAY (in this place) <u>life</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> | | <u>0164</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> | | | d. STREET ADDRESS (If rural, give location) <u>316 rear S. Middle St.</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lorraine</u> b. (Middle) <u>Sheppard</u> c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 20, 1952</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u> | 8. DATE OF BIRTH <u>April 19, 1952</u> | | 9. AGE (In years last birthday) <u>13</u> <u>55</u> <u>55</u> |
| 10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Missouri</u> | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME <u>Delores Sheppard</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 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 <u>Miss Delores Sheppard</u> ADDRESS <u>316 r. S. Middle Cape Gir.</u> | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Immature Development</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Immaturity</u> DUE TO (c) <u>5 1/2 months gestation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Birth wt 1 Pound.</u> | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>776 X</u> | | 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) m. | | 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 <u>April 19, 1952</u> , to <u>April 20, 1952</u> , that I last saw the deceased alive on <u>April 20, 1952</u> , and that death occurred at <u>6:00 A. M.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Edward D Campbell M.D.</u> (Degree or title) | | | 23b. ADDRESS <u>Cape Girardeau Mo</u> | | 23c. DATE SIGNED <u>APR 12 1952</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>April 21, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairmont Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u> | | DATE REC'D BY LOCAL REG. <u>4-21-52</u> REGISTRAR'S SIGNATURE <u>G. G. Summers</u> 44-0 | | | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u> | | ADDRESS <u>Cape Gir., Mo.</u> | | | |

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

Signed

Student Embalmer

Licensed Embalmer No.

P. O. Address

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.