No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19672

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 206

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 18 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hosp #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kahoka 0230
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle):
c. (Last): Sheppard

4. DATE OF DEATH (Month) (Day) (Year): June 10 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 13, 1868
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 10, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Scotland Co Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Childers
13b. MOTHER'S MAIDEN NAME: DK
14. NAME OF HUSBAND OR WIFE: James Franklin Sheppard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Hosp. Records Fulton 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) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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: 4222
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* June 10, 1952, *that I last saw the deceased alive on* June 9, 1952, *and that death occurred at* 5:[illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robt Hanks (Degree or title): MD
23b. ADDRESS: State Hosp. Fulton Mo.
23c. DATE SIGNED: 6/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 12 - 1952
24c. NAME OF CEMETERY OR CREMATORY: Kahoka Cem
24d. LOCATION (City, town, or county) (State): Kahoka Mo

DATE REC'D BY LOCAL REG.: June 10 - 1952
REGISTRAR'S SIGNATURE: Maretta Lawrence (426)
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Wallace Funeral Home Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 William E. Trekas

Licensed Embalmer No. 4870

P. O. Address Fulton Me

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.