

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28287  
3290

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3290

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>26 Years</b>		d. STREET ADDRESS (If rural, give location) <b>2812 Forest</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Esther</b>	b. (Middle) <b>Agnes</b>	c. (Last) <b>Shepherd</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7-19-1952</b>
-------------------------------------	--------------------------	--------------------------	---------------------------	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1-19-1905</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
----------------------	-------------------------------	---	-----------------------------------	---	------------------------	-----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Power Machine Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>1331 Oak DUSTRY Liberty Garment Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Idaho</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	--	--	--

13a. FATHER'S NAME <b>Nathan Turnbull</b>	13b. MOTHER'S MAIDEN NAME <b>Hattie Middleton</b>	14. NAME OF HUSBAND OR WIFE <b>Marvin Shepherd</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-03-5614</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Allen E. Beckman-2812 Forest, K.C. Mo.</b>
--	--	---

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, asphyxia, 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) <b>Pneumonia</b>		<b>1 wk</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>melanosarcoma</b> DUE TO (c) <b>malignant skin of thigh mole</b>		<b>7 mo</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>190X</b>

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) (Min.)	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 **1-6-52** to **7-19, 1952**, that I last saw the deceased alive on **7-19, 1952**, and that death occurred at **6/10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. A. Nagro, M.D.</b> (Degree or title)	23b. ADDRESS <b>925 Angyle</b>	23c. DATE SIGNED
---	--------------------------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-21-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <b>7-21-52</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs. C.L. Forster, Kansas City, Missouri</b>
---	---	--

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

HA 2300 ARGYLE BLDG.

If no Ans. call Va 6992

Res. • Ja 1113 -- 1055 West 55th. St.

*St Joseph 10:30 AM  
Thurs.*

*Nov 10 1952*

**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

*J. Virgil Herrick*

Licensed Embalmer No. *3599*

P. O. Address *St. C. Mo.*

Signed.....  
Student Embalmer

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.