

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39333

State File No.

FILED NOV 28 1952

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| BIRTH NO. _____ | | REG. DIST. NO. 383 | | PRIMARY REG. DIST. NO. 5655 | | Registrar's No. 21 | | |
| 1. PLACE OF DEATH a. COUNTY Lawrence | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Oregon | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon | | c. LENGTH OF STAY (in this place) 87 days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer | | 0750 | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. State Sanatorium | | | | d. STREET ADDRESS (If rural, give location) Route 2 | | | | |
| 3. NAME OF DECEASED (Type or Print) Ruth | | | a. (First) | | b. (Middle) | | c. (Last) Shepard | |
| 4. DATE OF DEATH 11-22-52 | | (Month) (Day) (Year) | | 5. SEX Female | | 6. COLOR OR RACE White | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | | 8. DATE OF BIRTH 10-21-07 | | 9. AGE (In years last birthday) 45 | | 10. UNDER 1 YEAR 1 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Zenith Radio Corp. | | 10b. KIND OF BUSINESS OR INDUSTRY X | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME David Lee Shepard | | | 13b. MOTHER'S MAIDEN NAME Nora E. Porter | | | 14. NAME OF HUSBAND OR WIFE Single | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 354-05-5347 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Wilson Peck, Mt. Vernon, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma of lungs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Scirrhus carcinoma of the breast DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH abt. 10 mth abt. 58 mths | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 170X | | | | 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) 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 8-27-52, 19__, to 11-22-__, 1952, that I last saw the deceased alive on 11-22-__, 1952, and that death occurred at 9:20 p. m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) C. A. Brasher M.D. | | | | 23b. ADDRESS Mt. Vernon, Mo. | | 23c. DATE SIGNED 11-24-52 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4 | | 24b. DATE 11-22-52 | | 24c. NAME OF CEMETERY OR CREMATORY Not known | | 24d. LOCATION (City, town, or county) (State) Thayer, Mo. | | |
| DATE REC'D BY LOCAL REG. 11-24-52 | | REGISTRAR'S SIGNATURE Ceil Standaert 411-D | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS George B. Orr Mt. Vernon, Mo. | | | | |

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

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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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Ma. Vernon St.

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.