

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16984**

FILED MAY 25 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>5057</u>		Registrar's No. <u>41</u>		
1. PLACE OF DEATH a. COUNTY <u>Barry</u> 0050				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> 0050				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Verona, Rural, Kings Prairie</u>		c. LENGTH OF STAY (In this place) <u>14</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Verona Rural Kings Prairie Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>7 Miles East of Monett, Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles East of Monett</u>				d. STREET ADDRESS (If rural, give location) <u>7 Miles East of Monett, Mo.</u>				
3. NAME OF DECEASED (Type or Print) <u>George</u>			a. (First)		b. (Middle) <u>-</u>		c. (Last) <u>Shepherd</u>	
4. DATE OF DEATH <u>May 18, 1953</u>		(Month) (Day) (Year)		5. SEX <u>Male</u> 0		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>July 18, 1916</u>		9. AGE (In years last birthday) <u>36</u>		IF UNDER 1 YEAR <u>10</u> Months <u>0</u> Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer and</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>labor</u>		11. BIRTHPLACE (State or foreign country) <u>Purdy, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>G. C. Shepherd</u>		13b. MOTHER'S MAIDEN NAME <u>Martha King</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-09-3894</u>		17. INFORMANT'S SIGNATURE OR NAME <u>G.C. Shepherd</u> ADDRESS <u>Verona, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epilepticiform Seizure</u> <u>Fracture of Frontal Skull</u> ANTECEDENT CAUSES <u>Epilepticiform Seizure</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Idiopathic Epilepsy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Fell on rock during seizure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>3533 F</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) _____		
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>June, 1941</u> to <u>May 18, 1953</u> , that I last saw the deceased alive on <u>May 18, 1953</u> and that death occurred at <u>5:45 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>F. Angus Watson D.O.</u> (Degree or title)				23b. ADDRESS <u>Verona, Mo.</u>		23c. DATE SIGNED <u>5-22-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 20, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Site Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Southwest of Monett, MO.</u>		
DATE REC'D BY LOCAL REG. <u>5-22-53</u>		REGISTRAR'S SIGNATURE <u>Katherine Henderson</u> 487		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett Wormington</u> ADDRESS <u>Monett, 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address 216 Second 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.