No. 300
10.48

FILED JUN 8 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18951

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 5956 Registrar's No. 5

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granite City 8120
d. STREET ADDRESS (If rural, give location): 2324 Cleveland 8

3. NAME OF DECEASED (Type or Print): a. (First) Nellie b. (Middle) Watts c. (Last) Shepherd

4. DATE OF DEATH (Month) (Day) (Year): May 25 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: ~~May~~ 12-7-1875
9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR Months 3 Days 15 | IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME: Washington Watts
13b. MOTHER'S MAIDEN NAME: Bettie Prewitt
14. NAME OF HUSBAND OR WIFE:

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.: No
17. INFORMANT'S SIGNATURE OR NAME: George N. Shepherd ADDRESS: Clarksville 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) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) secondary intestinal Hemorrhage
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: 4341
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* 5/24, 1953, *to* 5/24, 1953, *that I last saw the deceased alive on* 5/24, 1953, *and that death occurred at* 5:20 A.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Louisiana Mo
23c. DATE SIGNED: 5-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: May 25, 1953
24c. NAME OF CEMETERY OR CREMATORY: Gun set Hill Cem.
24d. LOCATION (City, town, or county) (State): GRANITE CITY, ILL.

DATE REC'D BY LOCAL REG.: 6-5-53
REGISTRAR'S SIGNATURE: Susan Richard 256
25. FUNERAL DIRECTOR'S SIGNATURE: Harry A. Carroll ADDRESS: Clarksville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

MAY 29 1984

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 Geo. M. Collier

Signed.....
Student Embalmer

Licensed Embalmer No. 3839

P. O. Address Louisiana, MO

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.