

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **21510**
2942

FILED JUL 9 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 70 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		92° 0'	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				d. STREET ADDRESS (If rural, give location) 905 Ewing			
3. NAME OF DECEASED (Type or Print) a. (First) Viola		b. (Middle) A.		c. (Last) Childs Sheppard		4. DATE OF DEATH (Month) (Day) (Year) 6 9 53	
5. SEX Female		6. COLOR OR RACE W.H.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid 2		8. DATE OF BIRTH 12/28/1877	
9. AGE (In years last birthday) 75 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Food product industry		11. BIRTHPLACE (City and State or Foreign Country) Trade co. mo. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Food product industry		11. BIRTHPLACE (City and State or Foreign Country) Trade co. mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James M. Beecher		13b. MOTHER'S MAIDEN NAME Sarah Jones		14. NAME OF HUSBAND OR WIFE Fred Childs Dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Everett Williams 613 Penn			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) Partial obstruction of common bile duct					INTERVAL BETWEEN ONSET AND DEATH
*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. ANTECEDENT CAUSES DUE TO (b) Cholecystitis with cholelithiasis and cholangitis					584X
		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				20. AUTOPSY? YES <input checked="" 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 <u>May 5</u> , 19 <u>53</u> , to <u>June 9</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>June 9</u> , 19 <u>53</u> , and that death occurred at <u>9:45P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE B. I. Burns (Degree or title) B. I. Burns, M.D.				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 6-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/12/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 6-11-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheel R. Co. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Mrs

Sheppard - 1st. husband's name

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 *John P. Sheil*

Licensed Embalmer No. *3625*

P. O. Address *H. C. Ma*

Note: -The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 21570

State of Missouri }
County of Jackson } SS.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2942

On this 12 day of June, 1953, before me appears Errett Williams, who, upon his oath, states that the original record of ~~birth~~ death for Viola A. Sheppard Shields ^{died} ~~born~~ 6-9, 1953, in the State of Missouri, and which was filed at Kansas City on 11-June, 1953, should be corrected as follows:

Item No. 3 should read Viola A. Shields
Instead of Viola A. Sheppard

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and ~~belief~~ ^{belief}.
(SEAL) Errett A. Wilson, Sr.
x Affiant Relationship.

613 Penn Kansas City Mo.
Present Address.

Subscribed and sworn to before me this 12 day of June, 1953

My Commission expires Aug 4-1955 Laurence B. Seil Notary Public.

any, its containing contents will not be accepted, draw one line through error and write above it.

1953
S-21510