

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21729

State File No. _____

Date No. III 9-1953 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3023

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. CITY OR TOWN Kansas City	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 71 YEARS		e. STREET ADDRESS (If rural, give location) 2925 Flora Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Crestwood Nursing Home 31428			
3. NAME OF DECEASED (Type or Print) a. (First) Lydia		b. (Middle) B.	
c. (Last) Shepherd		4. DATE OF DEATH (Month) (Day) (Year) June 13 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 25, 1873
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Randolph County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas I. Crystal	
13b. MOTHER'S MAIDEN NAME Frances Jones		14. NAME OF HUSBAND OR WIFE Chester C. Shepherd	
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. NONE	
17. INFORMANT'S SIGNATURE OR NAME Russell Shepherd		K.C. ADDRESS 2925 Flora Ave	

18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c)) Cerebral Hemorrhage		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 33 Mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) Hypertension		Unknown
DUE TO (c)				33IX

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 May 21, 1945, to June 13, 1953 that I last saw the deceased alive on May 19, 1953, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. I. Spafford M.D.	23b. ADDRESS 1414 Prof. Bldg. W.P. Mo	23c. DATE SIGNED 6-13-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 15, 1953	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH Cemetery
24d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE DW Newcomer Sons Kansas City Mo	
DATE REC'D BY LOCAL REG. 6-15-53	REGISTRAR'S SIGNATURE Heraldine Smith	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
A. I. Spafford M.D.

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.....
Signature of Student Embalmer

Signed *Albert L. Savage*.....

Licensed Embalmer No. *4813*.....

P. O. Address *Anniston, Ala.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 21729A

State of Missouri
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 3023

On this 15th day of July, 1953, before me appears Russell C. Shepherd, who, upon his oath, states that the original record of birth death for Lydia B. Shepherd died June 13, 1953, in the State of Missouri, and which was filed at Kansas City, Mo. on June 15, 1953, should be corrected as follows:

Item No. 13a should read Thomas I. Crystal
Instead of C. Crystal

Item No. 13b should read Sarah Frances Jones
Instead of Angellina Jones

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.

(SEAL)

Affiant Russell C. Shepherd, Son Relationship.
2925 Florn Present Address.

Subscribed and sworn to before me this 15th day of July, 1953.
My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

Handwritten notes on the left margin: "Handwritten containing erasures will not be accepted; draw one line through error and write above it."

1953

S-21729