

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 4450

FILED MAR 2 1954

BIRTH NO. _____		REG. DIST. NO. <u>106</u>		PRIMARY REG. DIST. NO. <u>5420</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Holcomb Twp.</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Holcomb, Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rte. 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLETT</u> b. (Middle) <u>JO</u> c. (Last) <u>SHEPHERD</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 7 1954</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>Sept. 14 1952</u>	
9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>23</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Holcomb, Mo.</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>	
13a. FATHER'S NAME <u>Charles Shepherd</u>		13b. MOTHER'S MAIDEN NAME <u>Rilla Ashburn</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Shepherd,</u> ADDRESS <u>Holcomb, Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> 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. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? <u>490X</u> 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) _____		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 _____, 19____, to <u>Feb 7, 1954</u> , that I last saw the deceased alive on <u>Feb 7, 1954</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Samuel L. Franklin</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Campbell, Mo.</u>		23c. DATE SIGNED <u>2-7-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 8, 1954</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Loyd Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holcomb, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-12-54</u>		REGISTRAR'S SIGNATURE <u>J. Anderson</u> <u>89-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home</u> ADDRESS <u>Holcomb, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

2350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-1-54

COUNTY FILE NUMBER 354-3

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 _____

Licensed Embalmer No. _____

P. O. Address _____

(Not Embalmed)

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.