

FILED APR 26 1954 STANDARD CERTIFICATE OF DEATH

State File No. **11287**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **408**

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|--|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | |
| c. LENGTH OF STAY (In this place) 29 yrs. | | d. STREET ADDRESS (If rural, give location) 1020 North 3rd Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE | | b. (Middle) MAY | |
| c. (Last) SHEPARD | | 4. DATE OF DEATH (Month) (Day) (Year) April 15 1954 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 12, 1881 |
| 9. AGE (In years) (Month) (Day) 72 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | 11. BIRTHPLACE (State or foreign country) O'Brien County, Iowa |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 12. CITIZEN OF WHAT COUNTRY? U S A | |
| 10b. KIND OF BUSINESS OR INDUSTRY At Home | | | |
| 13a. FATHER'S NAME Benjamin Johnson | | 13b. MOTHER'S MAIDEN NAME Jane Francis | |
| 14. NAME OF HUSBAND OR WIFE John H. Shepard | | | |
| 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 John H. Shepard | | ADDRESS St. Joseph, 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, asthma, 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 Ukn. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus Conditions contributing to the death but not related to the disease or condition causing death. Gross Hematuria from left ureter INTERVAL BETWEEN ONSET AND DEATH " | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4200 | |
| 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 11-21 , 19 51 , to 4-15 , 19 54 , that I last saw the deceased alive on 4-14 , 19 54 , and that death occurred at 2:35A m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Curry W. H. Lewis (Degree or title) MD | | 23b. ADDRESS Tootle Building St. Joseph, Missouri | |
| 23c. DATE SIGNED 4-15-54 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE April 19, 1954 | |
| 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri | |
| DATE REC'D BY LOCAL REG. April 22, 1954 | | REGISTRAR'S SIGNATURE 485 Kathleen M. Allison | |
| 25. FUNERAL DIRECTOR'S SIGNATURE St. James Funeral Home | | ADDRESS St. Joseph, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 Charles E Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.