

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

12524

State File No.

FILED APR 20 1954

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Lebanon, T.W.		c. CITY (If outside corporate limits, write RURAL and give township) Rural Lebanon, T.W.	
c. LENGTH OF STAY (In this place) 3 Years		d. STREET ADDRESS (If rural, give location) 3 Miles North of Lebanon, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 Miles North of Lebanon			

3. NAME OF DECEASED (Type or Print)	a. (First) Regina Sheperd	b. (Middle) Lloyd	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) April 6, 1954
-------------------------------------	----------------------------------	--------------------------	-----------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 18, 1892	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
-------------------------	----------------------------------	--	--	---	------------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Portland, Oregon	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	--	--	--

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Elizabeth Ledbetter	14. NAME OF HUSBAND OR WIFE Mike O. Lloyd
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME Mike O. Lloyd	ADDRESS Lebanon, 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		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart dis. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to 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 8 - 1952 to 4 - 6 - 1954, that I last saw the deceased alive on 4 - 6 - 1954, and that death occurred at 9:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE B B Hurst, M.D.	(Degree or title)	23b. ADDRESS Lebanon, Mo.	23c. DATE SIGNED 4-9-54
--	-------------------	-------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-9-54	24c. NAME OF CEMETERY OR CREMATORY Lebanon City	24d. LOCATION (City, town, or county) (State) Lebanon, Missouri
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. 4-14-1954	REGISTRAR'S SIGNATURE Hella L. May	424	25. FUNERAL DIRECTOR'S SIGNATURE L R Palmer	ADDRESS Lebanon, Mo.
--	--	-----	---	--------------------------------

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

No. 300
10-48
Rev. 20

Received APR 17 1954
Laclede County Health Unit
File No. 4-54-60
Date Filed APR 17 1954

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 Stanley R. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 4810

P. O. Address Lebanon, 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.