

25472

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 8 1955

BIRTH NO. 55310-55 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5136 Registrar's No. 486

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Poplar Bluff, Mo. Rural		c. LENGTH OF STAY (in this place) RURAL		c. CITY OR TOWN Poplar Bluff		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Beaver Dam Township				STREET ADDRESS (If rural, give location) Beaver Dam Township			
3. NAME OF DECEASED (Type or Print) a. (First) Baby			b. (Middle) Sheppard		c. (Last) Sheppard		
4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	
8. DATE OF BIRTH Aug. 31, 1955		9. AGE (in years last birthday) 1		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) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Poplar Bluff, Mo. Rural		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Charles Sheppard			13b. MOTHER'S MAIDEN NAME Wanda Lucille Burns			14. NAME OF HUSBAND OR WIFE None	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Sheppard Poplar Bluff, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Too low metabolism Antecedent causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature birth DUE TO (c) -				INTERVAL BETWEEN ONSET AND DEATH 2 hours	
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) 776X			
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 8-31, 1955, to 8-31, 1955, that I last saw the deceased alive on 8-31, 1955, and that death occurred at 11:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. H. Burton, M.D.				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 9-2-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-1-55		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cem.		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. Rural	
DATE REC'D BY LOCAL REG. 9/3/55		REGISTRAR'S SIGNATURE R. H. Mueller		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

0-48

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RECEIVED  
SEP 6. 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>NOT</sup> by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wallace R. K...

Licensed Embalmer No. 415

P. O. Address poplar Blk  
412 Vene

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.