

No. 300
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FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36672

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLINTON</u>	c. LENGTH OF STAY (in this place) <u>10 Days</u>	c. CITY OR TOWN <u>Rural-Osceola</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WETZEL HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>Post Township</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>FRANKLIN S</u> c. (Last) <u>SHEPHERD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-11-55</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>M</u>	8. DATE OF BIRTH <u>Jan 14, 1887</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Linn Creek Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Charles B. Shepherd</u>		13b. MOTHER'S MAIDEN NAME <u>Leatrice</u>		14. NAME OF HUSBAND OR WIFE <u>Minerva Shepherd</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>WW II</u>		16. SOCIAL SECURITY NO. <u>1-10-1</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.W. Shepherd, Osceola Mo</u>	

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) <u>Collapse due to Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Post operative mesenteric phlebothrombosis</u>		<u>8 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Intestinal obstruction due to adhesions</u>			
19a. DATE OF OPERATION <u>11-3-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>volvulus due to adhesions</u>		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) m.		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 11-3, 1955, to 11-11, 1955, that I last saw the deceased alive on 11-11, 1955, and that death occurred at 4:55 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Guo N. Boyd</u>		(Degree or title)		23b. ADDRESS <u>105 E Ohio Clinton Mo</u>		23c. DATE SIGNED <u>11-12-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-14-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linn Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Osceola Mo</u>	

DATE REC'D BY LOCAL REG. <u>Nov. 21-55</u>		REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		521		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Howard - Osceola Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 6 1955

NOV 20 1955

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 *J B [Signature]*

Licensed Embalmer No. *302*

P. O. Address *Ocean*

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.