

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4993

State File No. ....

919

FILED MAR 13 1957

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>32 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General #2</b>				e. STREET ADDRESS (If rural, give location) <b>2328 2137 Woodland</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b>		b. (Middle) <b>Lucille</b>		c. (Last) <b>Shepherd</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 20, 1957</b>			
5. SEX <b>3</b> <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 5, 1897</b>	9. AGE (In years last birthday) <b>59 yrs.</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Marlin, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Alex Washington</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Jerry</b>		14. NAME OF HUSBAND OR WIFE <b>Shelley M. Shepherd</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-34-0599</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. J. D. Mason, friend 4405 Sortor Dr.</b>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of kidney with massive metastasis.</b>					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) _____ DUE TO (c) _____					180 h		
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? YES <input checked="" 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) 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 <u>12-12-56</u> , 19 <u>  </u> , to <u>2-20-57</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>2-20-57</u> , 19 <u>  </u> , and that death occurred at <u>5:55 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>W. R. Peterson M.D.</i>			23b. ADDRESS <b>600 East 22nd St.</b>		23c. DATE SIGNED <b>2-25-57</b>				
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/26/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Leavenworth, Kansas</b>				
DATE REC'D BY LOCAL REG. <b>2-26-57</b>		REGISTRAR'S SIGNATURE <i>Neva Minshall</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WATKINS BROS. FN. HM. 18th &amp; Benton</b>					

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
W. R. Peterson

Jackson

Missouri

Jackson

x

Kansas City

Kansas City

General

General

Feb. 20, 1927

Shepherd

Lucille

State

Lower

Upper

State

Dr. J. C. Mason, Friend, 402 Porter St.

STATEMENT BY LICENSED EMBALMER

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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 *Bruce P. Watten* .....

Licensed Embalmer No. *4507*

P. O. Address *18th & Paul*

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.