

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014458
State File No.

No. 300
10.48

FILED APR 23 1958

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1765

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>25 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2523 Bales Avenue</u>	
3. NAME OF DECEASED a. (First) <u>Barton</u> b. (Middle) <u>Clarence</u> c. (Last) <u>Sheppard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-27-02</u>
9. AGE (In years last birthday) <u>55</u>		10. UNDER 1 YEAR Months _____ Days _____	
11. UNDER 10 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator-Beef Scales</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wilson+Co MEAT</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>DALTON, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE C. SHEPPERD</u>		13b. MOTHER'S MAIDEN NAME <u>LUCIA BEEER</u>	
14. NAME OF HUSBAND OR WIFE <u>LAURA D. SHEPPERD</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>510-05-1918</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MISS BARBARA SHEPPERD</u> ADDRESS <u>3623 Locust R.C. MO</u>	
MEDICAL CERTIFICATION			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized carcinomas</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
		DUE TO (b) <u>Carcinoma of the Lt submaxillary gland</u>	
		DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>4 Feb 58</u>		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) _____		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>1 Feb</u> , 1958, to <u>2 April</u> , 1958, that I last saw the deceased alive on <u>1 April</u> , 1958, and that death occurred at <u>3:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Neill Berry</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>4706 Broadway</u>	
23c. DATE SIGNED <u>4-2-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 5, 1958</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS Cemetery</u>		24d. LOCATION (City, town or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>4-5-58</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SONS</u>		ADDRESS <u>1331 Brush Creek KANSAS CITY, MO.</u>	

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..... *Ed Nelson*

Licensed Embalmer No. *442*

P. O. Address *Kansas City*

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.