

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12337

BIRTH NO.		REG. DIST. NO. 73		PRIMARY REG. DIST. NO. 3014		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give township) Liberty				c. CITY (If outside corporate limits, write RURAL and give township) Liberty			
d. FULL NAME OF HOSPITAL OR INSTITUTION 454 N. Prairie				d. STREET ADDRESS (If rural, give location) 454 N. Prairie			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) Manuel		c. (Last) Shepherd	
4. DATE OF DEATH		(Month) April		(Day) 10		(Year) 50	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH April 27-1945	
9. AGE (In years last birthday) 4		10. MONTHS 11		11. DAYS 13		12. IF UNDER 1 YEAR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Liberty Missouri		12. CITIZEN OF WHAT COUNTRY? US.	
13a. FATHER'S NAME Virgil Shepherd		13b. MOTHER'S MAIDEN NAME Fay Singleton		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Virgil Shepherd ADDRESS Liberty, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Concussion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Run over by Automobile DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 69174 25	
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) LIBERTY CLAY MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 10 50 11 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Wheel of auto run over his head.			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 PM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. L. Pate, M.D., Coroner		23b. ADDRESS No. 1111 S. 3rd St., Mo.		23c. DATE SIGNED 4/10/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 12-50		24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) Liberty, Mo.	
DATE REC'D BY LOCAL REG. APRIL - 11 - 1950		REGISTRAR'S SIGNATURE Minnie Haynes		25. FUNERAL DIRECTOR'S SIGNATURE Church - Owen Co. Liberty Mo		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 17 1

District Health Officer No. 8,

District File Number _____

Date Filed 5-1-50

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 _____
Student Embalmer

Signed

John Sanborn

Licensed Embalmer No. 444-8

P. O. Address Liberty

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.