

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 8 1944
Registration District No. 8044

Primary Registration District No. 3017

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ---
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: --- (Specify whether
In this community All of life. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 917 Third St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME

Samuel Shipley.

3. (b) If veteran, name war: ---

3. (c) Social Security

No. 500-10-5484

20. DATE OF DEATH: Month Feb. day 21 year 1944 hour 4 minute 8 A.M.

21. I hereby certify that I attended the deceased from Dec 1940 to Feb 21 1944
that I last saw him alive on Feb 18, 1944 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Bertie Shipley 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May 23rd 1868
(Month) (Day) (Year)

Immediate cause of death: Chronic nephritis
congestive heart failure
(myocarditis)
Due to: ---

8. AGE: Years 75 Months 8 Days 29 If less than one day hr. min.

Other conditions: ---
(Include pregnancy within 3 months of death)
Major findings: none
Of operations: none
Of autopsy: none

9. Birthplace Cooper County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Road Overseer.

MOTHER FATHER { 12. Name William Wade Shipley.
13. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Calvert
15. Birthplace Pettis County, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sam Shipley.
(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Feb. 23rd /44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Goodman Miller
(b) Address Boonville, Mo.

19. (a) Feb-23-44 (b) Dr. Chas. Swap
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ---
(b) Date of occurrence ---
(c) Where did injury occur? (City or town) (County) (State) ---
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury ---
While at work? ---
23. Signature J C Beckett M.D.
Address Boonville, Mo. Date signed 2-22-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

K...
District Health ...
District File Number ...
Date Filed 3-3-47

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
....., Registered Apprentice No.
working under my personal supervision.

Signed G. F. Roller

Licensed Embalmer No. 3062

P. O. Address Boonville, Mo

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.