FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 18 1948
Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3000

State File No. 5322
Registrar's No. 145

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim Smith Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days & 8 hrs (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Sullivan Co.
(c) City or town Rural Regey
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James S. Shipley
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rebecca Burwell
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Jan. (Month) 14 (Day) 1948 (Year)

8. AGE: Years 82 | Months 3 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Sullivan County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business

MOTHER FATHER
12. Name Henry Shipley
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Griffith
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Leonard Shipley
(b) Address Regey - Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Henry Cem. - Regey
18. (a) Signature of funeral director
(b) Address
19. (a) 5-13-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1948 hour 11:00 minute 00 A.M.
21. I hereby certify that I attended the deceased from May 3rd, 1948, to May 7th, 1948, that I last saw h. alive on May 7th, 1948, and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: acute Myocardial failure	few minutes
Due to:	
Due to:	0
Other conditions: Prostatic Obstruction (Include pregnancy within 3 months of death)	several yrs.

Major findings:
Of operations
Of autopsy 1378

PHYSICIAN
Underline the cause of which death should be charged statistically.

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)
While at work? (e) Means of injury

23. Signature George E. Grim (M. D. or other) MD
Address Kirksville, Missouri Date signed 5/9/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

MAY 19 1948

RECEIVED
District Health Officer No. 10
District File Number S-48-889
Date Filed MAY 17 1948

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 Dwight Delaune

Licensed Embalmer No. 2607

P. O. Address Milan 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.