

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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000  
INK—MAKE A PERMANENT RECORD  
WRITE PLAINLY—USING UNFADING INK

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5177 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Camden rural-Jackson Twp. Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montreal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montreal-Jackson Twp. Mo.</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>State Road Route</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home RR 1</u>		d. STREET ADDRESS (If rural, give location) <u>State Road Route</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Elison</u> c. (Last) <u>Shipman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 3-1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>4/17-1864</u>
9. AGE (In years less birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Camden Co, MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Shipman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary George</u>	
14. NAME OF HUSBAND OR WIFE <u>Viola Wallis Shipman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Viola Shipman</u> ADDRESS <u>above</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. means the disease, injury, or complication which caused 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) _____		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		<u>410X</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>June 1949</u> , to <u>July 3, 1949</u> , that I last saw the deceased alive on <u>July 2, 1949</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>E. E. Claborn, D. M.D.</u>		23b. ADDRESS <u>Camdenton, Mo</u>	
23c. DATE SIGNED <u>8-1-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>July 5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freedem Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Camden Co. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksou-Woolery, Camdenton, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 2, 1949</u>		REGISTRAR'S SIGNATURE <u>Zilpha Jackson</u> ADDRESS <u>420 0</u>	

RECEIVED

District Health Officer No. 7

District File Number 7-49-94

Date Filed 8-5-49

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.

Signed Abbie Bankson Wooley

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2488

P. O. Address Camberton, N.C.

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.