

FILED JUL 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23857**

49
25

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2004** Registrar's No. **520**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jasper 114	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital		d. STREET ADDRESS (If rural, give location) 1307 Iowa Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Vincie b. (Middle) _____ c. (Last) SHIPMAN		4. DATE OF DEATH (Month) (Day) (Year) July 15, 1949	
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 9, 1881
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR 11 Days	IF UNDER 24 HRS. 6 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home Making	11. BIRTHPLACE (State or foreign country) Aurora, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Vincent Shipman	
13b. MOTHER'S MAIDEN NAME Fannie Shetler		14. NAME OF HUSBAND OR WIFE Robert E. Shipman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Jones 1827 Murphy-Joplin, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of right femur 5-28-49 INTERVAL BETWEEN ONSET AND DEATH 59040 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. 21	
19a. DATE OF OPERATION 6-16-49	19b. MAJOR FINDINGS OF OPERATION Open reduction		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) Joplin Jasper Mo	
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 Fall	122
22. I hereby certify that I attended the deceased from 5-28 , 1949, to 7-15 , 1949, that I last saw the deceased alive on 7-15 , 1949, and that death occurred at 5:10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Walter Jones M.D.		23b. ADDRESS 308 Frisco Bldg, Joplin, Mo	23c. DATE SIGNED 7-20-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 18, 1949	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
DATE REC'D BY LOCAL REG. 7-21-49	REGISTRAR'S SIGNATURE Ed. James	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Joplin, Mo.	

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

RECEIVED 7-27-49
Jasper County Health Office
County File Number 49-7-564
Date Filed 7-28-49

AUG 22 1949
AUG 22 1949

AUG 4 1949

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 Jesse O. Sullivan
Licensed Embalmer No. 4646

P. O. Address Joplin, 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.