S. No. 300
10.48

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9591

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 43,4 Registrar's No. .....

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

0610

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Atlanta
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Atlanta 0610
d. STREET ADDRESS (If rural, give location): Main St 0

3. NAME OF DECEASED (Type or Print): a. (First) Cora b. (Middle) Penland c. (Last) Shipp

4. DATE OF DEATH (Month) (Day) (Year): Mar 22 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 24-1875
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 3, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeping
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Macon Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J. D. Penland
13b. MOTHER'S MAIDEN NAME: Emma Jameson
14. NAME OF HUSBAND OR WIFE: John Shipp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: John Shipp — ADDRESS: Atlanta 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Relapse Influenza — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

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.
Chronic Bronchial Asthma
Severe Diabetes Mellitus — 481X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-18, 1950, *to* 3-22, 1950, *that I last saw the deceased alive on* 3-22, 1950, *and that death occurred at* 5-30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eugene D Platt DO
23b. ADDRESS: Atlanta Mo
23c. DATE SIGNED: 3-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-25-1950
24c. NAME OF CEMETERY OR CREMATORY: Mt Tabor Cemetery
24d. LOCATION (City, town, or county) (State): Lyda Township Macon Co. Mo

DATE REC'D BY LOCAL REG.: Mar 28-50
REGISTRAR'S SIGNATURE: Mrs O B Griffin 186 1
25. FUNERAL DIRECTOR'S SIGNATURE: H M Goodding — ADDRESS: Atlanta Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4/5/50
MACON COUNTY HEALTH DEPARTMENT
County File No. 4/50/53
Date Filed 4/11/50

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 H M Goodding
Licensed Embalmer No. 1750
P. O. Address Atlanta 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.