

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12313

State File No.

BIRTH NO. 20125-50 REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4125 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution). a. STATE <u>Missouri</u> COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Revere</u>	c. LENGTH OF STAY (in this place) township	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Revere</u>	<u>0230</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl</u>	b. (Middle) <u>Shipley</u>	c. (Last) <u>Shipley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-7-1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never M. (1)</u>	8. DATE OF BIRTH <u>4-7-50</u>	9. AGE (in years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 1 YEAR Days <u>0</u>	IF UNDER 24 HRS. Hours <u>45</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Raymond Shipley</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Irwin</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Shipley</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7531</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MICROCEPHALIC.</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-7-1950, to 4-7-1950, that I last saw the deceased alive on 4-7-1950, and that death occurred at 2:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) <u>H. Shannon Do. 2</u>	23b. ADDRESS <u>Kahoka Mo</u>	23c. DATE SIGNED <u>4-7-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-7-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kahoka</u>	24d. LOCATION (City, town, or county) (State) <u>Kahoka Clark Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/21-50</u>	REGISTRAR'S SIGNATURE <u>Fred Karla</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Karla</u>	ADDRESS <u>Kahoka Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

JUL 5 1951

APR 27 1950

RECEIVED

District Health Officer No.

District File Number 4-50-

Date Filed

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.....

working under my personal supervision.

Student Embalmer No.....

Signed F. J. Karle

Licensed Embalmer No. 1023

Signed.....
Student Embalmer

P. O. Address Kahoka 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.