

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23333
Registrar's No. 646

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BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>646</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>2mo. 4 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bolivar</u>		<u>0841</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u>		b. (Middle) <u>(NMI)</u>		c. (Last) <u>SHIPLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 25, 1892</u>		9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR Months Days IF UNDER 12 Mths. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Peace officer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Law Enforcement</u>		11. BIRTHPLACE (State or foreign country) <u>Bolivar, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Shipley</u>		13b. MOTHER'S MAIDEN NAME <u>Sadie Hocker</u>		14. NAME OF HUSBAND OR WIFE <u>May Shipley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW One</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VAH Records, Springfield, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute generalized peritonitis</u> Perforation of gangrenous small intestine. Antecedent causes: <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>intestine.</u> Advanced recurrent infarctions of kidneys with <u>probably</u> DUE TO (c) <u>simulated acute surgical abdomen and</u> II. OTHER SIGNIFICANT CONDITIONS / <u>post operative mesentric infarctions with gangrene</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>/ of small bowel.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>528X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>VAH</u> attended the deceased from <u>May 15, 1950</u> , to <u>July 18, 1950</u> , and that death occurred at <u>5:10A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. J. Bondurant</u> Chief, (Degree or title) <u>Professional Services VAH, Springfield, Mo.</u>				23b. ADDRESS		23c. DATE SIGNED <u>7-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 18, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Bolivar, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-18-50</u>		REGISTRAR'S SIGNATURE <u>W E Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W E Handley</u>		ADDRESS <u>Springfield, Mo.</u>	

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

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.....

Lee Mason

Signed.....
Student Embalmer

Licensed Embalmer No. *4568*

P. O. Address *Spokane, W. I.*

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.