

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

104

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia Mo</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 yr</u>		d. STREET ADDRESS (If rural, give location) <u>1020 Rogers St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#1020 Rogers St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arah</u> b. (Middle) <u>"Shippe"</u> c. (Last) <u>Turner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 17 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 6 1878</u>
9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house</u>	11. BIRTHPLACE (State or foreign country) <u>Howard La. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>wife</u>	11. BIRTHPLACE	
13a. FATHER'S NAME <u>John Shippe</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Huletts</u>	
14. NAME OF HUSBAND OR WIFE <u>Edwin I Turner</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ed & Turner</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Decompensation</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardia-Vascular-Renal Disease</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dropsy Edema feet Legs Hips Abdomen</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>10-5-50</u> <u>10-7-50</u> <u>Indefinite</u> <u>10-17-50</u> <u>442X</u> <u>Indefinite</u> <u>10-17-50</u>	
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>10-5</u> , 19 <u>50</u> , to <u>10-17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-17</u> , 19 <u>50</u> , and that death occurred at <u>4:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter Sparks</u>		23b. ADDRESS <u>Columbia Mo</u>	
23c. DATE SIGNED <u>10-17-50</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Clarks Chapel</u>	
23e. LOCATION (City, town or county) (State) <u>Howard Co Mo</u>		23f. DATE REC'D BY LOCAL REG. <u>Oct 18, 1950</u>	
23g. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		23h. FUNERAL DIRECTOR'S SIGNATURE <u>R. O. Weller</u>	
23i. ADDRESS <u>31</u>		23j. ADDRESS <u>Columbia Mo</u>	

RECEIVED 10-24-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-24-50

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 _____
working under my personal supervision. Student Embalmer No. _____

Signed _____
Student Embalmer

Signed *Guy S. Shelton*
Licensed Embalmer No. 4700

P. O. Address *Columbia, 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.