

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Lemmon  
State File No. 4516

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2002 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Monett</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>	
c. LENGTH OF STAY (in this place) <u>3 WKS</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mosser</u>		b. (Middle) <u>Crawford</u>	
		c. (Last) <u>Shipley</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11, 1951</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 31, 1868</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Ry Conductor</u>	11. BIRTHPLACE (State or foreign country) <u>Lawrence Kansas</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Railway</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Delancey Shipley</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Jane Crawford</u>	
14. NAME OF HUSBAND OR WIFE <u>Nellie Pauline Shipley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Pauline Shipley</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
<b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterio Sclerosis</u>		<u>2.</u>	
DUE TO (c) _____		<u>4201</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic hypertrophy, benign</u>		<u>3</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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) (m.)		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>4/13</u> , 19 <u>51</u> , to <u>2/11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/10</u> , 19 <u>51</u> , and that death occurred at <u>4:20</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. B. Lemmon</u>		23b. ADDRESS <u>Barryfield - Mo.</u>	
23c. DATE SIGNED <u>2/12/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Feb. 13, 51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oswego Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oswego, Kans.</u>	
DATE REC'D BY LOCAL REG. <u>2-15-51</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Buchanan Funeral Home</u>		ADDRESS <u>Monett, Mo</u>	

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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 *J. P. Buchanan*.....  
Licensed Embalmer No. *3149*

P. O. Address *Monett 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.