.S. No. 300
EV. 10.48

FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7790

BIRTH NO. _____ REG. DIST. NO. 5-9 PRIMARY REG. DIST. NO. 4097 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville
c. LENGTH OF STAY (In this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural – Everett
d. STREET ADDRESS (If rural, give location): 5 Mi West of Archie

0191

3. NAME OF DECEASED (Type or Print)
a. (First): Ardis
b. (Middle): Maxine
c. (Last): Shipley

4. DATE OF DEATH (Month) (Day) (Year): Mar 23 1951.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, ~~NEVER MARRIED~~, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 25 1920
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months 10, Days 28 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Anderson Frazier
13b. MOTHER'S MAIDEN NAME: Lena Hocker
14. NAME OF HUSBAND ~~OR WIFE~~: Thurman Shipley

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: Thurman Shipley — ADDRESS: Drexel Mo RR 1

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): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): unk
DUE TO (c): unk

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 ☐ 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): Harrisonville Cass Mo
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* Jan 1947, *to* March 23 1951, *that I last saw the deceased alive on* March 23 1951, *and that death occurred at* 10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry B Newnsell
23b. ADDRESS: Harrisonville Mo
23c. DATE SIGNED: 3-24-51

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24b. DATE: Mar 26-1951
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Crescent Hill Cem.
24d. LOCATION (City, town, or county) (State): Adrian Mo

DATE REC'D BY LOCAL REG.: March 24, 1951
REGISTRAR'S SIGNATURE: Laura J. Jones
25. FUNERAL DIRECTOR'S SIGNATURE: Atkinson Bros — **ADDRESS**: Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 3 1951
CASS COUNTY
HEALTH DEPARTMENT

APR 11 1951

APR 28 1951

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 Hayd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville 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.