

STANDARD CERTIFICATE OF DEATH

State File No. 40508

FILED DEC 8-1951

BIRTH NO. REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6336 Registrar's No. 13

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

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Unknown	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Charrette		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holyrood	
c. LENGTH OF STAY (in this place) 14 yrs.		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION Emmaus Home <i>Marthasville</i>		d. STREET ADDRESS (If rural, give location) Unknown	
3. NAME OF DECEASED (Type or Print) a. (First) Ford b. (Middle) (unknown) c. (Last) Shipley			4. DATE OF DEATH (Month) (Day) (Year) 12/1/51
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 7/11/1919
9. AGE (In years last birthday) 32		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME F. W. Shipley		13b. MOTHER'S MAIDEN NAME Dessa Ford	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME <i>John L. Pugh</i>		ADDRESS <i>Marthasville Mo</i>	
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.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>(9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100)</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Being to death by</i> DUE TO (c) <i>fire of undateded origin</i>			E9160 10
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>(Suffocation)</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Marthasville home</i>	21c. (CITY, TOWN, OR TOWNSHIP) <i>Holyrood</i> (COUNTY) <i>Warren</i> (STATE) <i>Mo.</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Dec. 1. 1951</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Accidentally sitting fire to clothing</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>D. F. Krigger</i> (Degree or title) <i>(Crown)</i>		23b. ADDRESS <i>Marthasville Mo</i>	23c. DATE SIGNED <i>Dec 1/51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>12/2/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Holyrood</i>	24d. LOCATION (City, town, or county) (State) <i>Ellsworth Kansas</i>
DATE REC'D BY LOCAL REG. <i>Dec 2/51</i>	REGISTRAR'S SIGNATURE <i>J. C. Johnson</i>	FEDERAL DIRECTOR'S SIGNATURE <i>Samuel V. ...</i>	ADDRESS <i>Marthasville, Mo.</i>

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 6 1951

RECEIVED

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

Almond H. Lichtenberg

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.