

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28290**
3443

FILED AUG 15 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 54 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2423 E. 9th. St.		d. STREET ADDRESS (If rural, give location) 2423 E. 9th. St.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) M. c. (Last) Shipley			4. DATE OF DEATH (Month) (Day) (Year) July 29, 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Apr. 19, 1898	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Chester F. Shipley	13b. MOTHER'S MAIDEN NAME Miteldia Krentz	14. NAME OF HUSBAND OR WIFE None
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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. 480-14-2550	17. INFORMANT'S SIGNATURE OR NAME Margaret E. Stultz	ADDRESS 2620 Monroe
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hr
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Autopsy from Ken. Hosp	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	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 _____, 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 Hugh H. Owens (Degree or title) 1034 Plato Bldg	23b. ADDRESS 1034 Plato Bldg	23c. DATE SIGNED 7-30-52
24a. BURIAL CREMATION (REMOVAL) (Specify) Burial	24b. DATE 7/31/52	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Ceme.
DATE REC'D BY LOCAL REG. 7-31-52	REGISTRAR'S SIGNATURE Seraldine Holmes	24d. LOCATION (City, town, or county) (State) Independence, Missouri
25. FUNERAL DIRECTOR'S SIGNATURE Farp & Sons		ADDRESS 4139 Truman Rd. K.C.Mo.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

James W. Eair

Licensed Embalmer No. *4622*

P. O. Address *W.C. 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.